1. CADET/APPLICANT NAME

2. AFROTC DETACHMENT

MEDICAL AUTHORITY: Measure height and weight of cadet/applicant. Compare results to AF standards listed on reverse, check block 7 and certify as requested below.

AFROTC CADRE: If cadet/applicant exceeds AF weight standards, conduct a Body Fat Measurement IAW DoDJ 1368.3.

3. CADET/APPLICANT MEASUREMENTS

<table>
<thead>
<tr>
<th>HEIGHT</th>
<th>WEIGHT</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

4. AIR FORCE WEIGHT STANDARDS

(found on reverse)

5. BODY FAT MEASUREMENT


6. BODY FAT STANDARDS:
   - FEMALE - 28%
   - MALE - 26%

7. CHECK APPLICABLE BOX

- [ ] IS WITHIN AIR FORCE WEIGHT STANDARDS
- [ ] EXCEEDS AIR FORCE WEIGHT STANDARDS
- [ ] IS BELOW AIR FORCE WEIGHT STANDARDS

8. MEDICAL AUTHORITY: PLEASE REVIEW THE ABOVE INFORMATION, CONDUCT COUNSELING BELOW IN APPLICABLE AREAS, AND SIGN.

I, ____________________________, HAVE EXAMINED THIS CADET/APPLICANT AND REVIEWED HIS/HER MEDICAL HISTORY. THE FOLLOWING ARE THE RESULTS:

9. (IF CADET/APPLICANT IS BELOW AIR FORCE WEIGHT STANDARDS)

I CERTIFY THIS CADET/APPLICANT’S LEAN BODY MASS POSES NO HEALTH RISK; NO SIGNS OF EATING DISORDERS EXIST. I HAVE DISCUSSED THE IMPORTANCE OF NUTRITION AND WEIGHT MANAGEMENT. ____________________________

(Medical Authority Initials)

10. (IF CADET/APPLICANT EXCEEDS AIR FORCE WEIGHT STANDARDS)

I HAVE DISCUSSED APPROPRIATE AND SAFE WEIGHT LOSS WITH THE CADET/APPLICANT. ____________________________

(Medical Authority Initials)

11. (FOR ALL CADETS/APPLICANTS)

I DID / DID NOT (please circle) FIND MEDICAL CONDITION(S) OR PHYSICAL IMPAIRMENT(S) THAT WOULD PRECLUDE THIS CADET/APPLICANT FROM PARTICIPATING IN A RIGOROUS PHYSICAL TRAINING PROGRAM. IF A MEDICAL CONDITION/PHYSICAL IMPAIRMENT EXISTS THAT MAY PRECLUDE THE INDIVIDUAL FROM PARTICIPATING, PLEASE EXPLAIN:


PHYSICIAN OR MEDICAL AUTHORITY SIGNATURE

EXAMINATION DATE

AFROTC CADRE: A DISQUALIFIED DODMERB OR MEPS PHYSICAL SUPERSEDES THIS FORM. A CADET MAY NOT PARTICIPATE IN THE AFROTC PHYSICAL TRAINING PROGRAM IF THEY HAVE A DISQUALIFIED DODMERB OR MEPS PHYSICAL.

AFROTC CADRE SIGNATURE

DATE

AFROTC FORM 28, 20120712
### Table 1. Maximum Allowable Weights for BMI of 27.5 (Regardless of Age) (59 - 80 inches)

| Height (Inches) | 56 | 59 | 60 | 61 | 62 | 63 | 64 | 65 | 66 | 67 | 68 | 69 | 70 | 71 | 72 | 73 | 74 | 75 | 76 | 77 | 78 | 79 | 80 |
|----------------|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|
| Maximum Weight (Pounds) | 131 | 130 | 141 | 145 | 150 | 155 | 160 | 165 | 170 | 175 | 180 | 186 | 191 | 197 | 202 | 205 | 214 | 220 | 226 | 231 | 237 | 244 | 250 |

### Table 2. Minimum Allowable Weights for BMI of 19.0 (59 - 80 inches)

| Height (Inches) | 56 | 59 | 60 | 61 | 62 | 63 | 64 | 65 | 66 | 67 | 68 | 69 | 70 | 71 | 72 | 73 | 74 | 75 | 76 | 77 | 78 | 79 | 80 |
|----------------|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|
| Minimum Weight (Pounds) | 91 | 94 | 97 | 100 | 104 | 107 | 110 | 114 | 117 | 121 | 125 | 128 | 132 | 135 | 140 | 144 | 148 | 152 | 155 | 160 | 164 | 168 | 172 |

AFROTC Form 28, D120712 REVERSE