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| **USAF ROTC NEW APPLICANT SCREENING QUESTIONNAIRE** |
| **I. ADMINISTRATIVE DATA**  |
| 1. Name (Last, First MI) |  |
| 2. Your Present Age / Date of Birth |  |
| 3. University to be enrolled / Student ID (U#) |  |
| 4. Academic Major  |  |
| 5. Expected Graduation Year with **BS or BA** |  |
| 6. Your Phone Number ***and*** Email Address |  |
| **II. ACADEMICS** | **Minimum** |
| *For the questions below, either enter a score or N/A (not applicable)* |
| 1. | What is your (unweighted) High School GPA? |  | **3.0** |
| 2. | What is your College GPA? |  | **2.5** |
| 3. | How many college credit hours do you have? |  |  |
| 4. | What is your SAT score in each section? | *Math*  |  | **Math + Reading Score ≥ 950** |
| *Reading* |  |
| 5.  | What is your ACT score? |  | **20** |
| **III. PHYSICAL CONDITION** |
| 1. | Your Present Height (in inches) |  |
| 2. | Your Present Weight (in pounds) |  |
| *For the questions below, place an “X” in either the YES or NO column. If you answer YES to any of the following questions, please be prepared to elaborate during your AFROTC paperwork session.* | YES | NO |
| 3. | Has there been any significant change to your health in the past 6 months?   |  |  |
| 4. | Are you currently on a medical profile exempting you from physical activities? |  |  |
| 5. | Has a physician ever indicated that you have heart disease or heart trouble? |  |  |
| 6. | Do you suffer from pains in your chest, especially with physical activity?  |  |  |
| 7. | Do you feel faint or have dizzy spells during or after physical activity? |  |  |
| 8. | Have you experienced a significant weight change in the past 6 months? |  |  |
| 9. | Have you taken any medications, nutritional or herbal supplements, or dietary products in the past 30 days?  If yes, specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |
| 10. | Has a medical professional ever diagnosed you with ADHD or a related condition? |  |  |
| 11. | Has a medical professional ever diagnosed you with asthma? Are you still taking Rx? |  |  |
| **IV. OTHER** |
| *For the questions below, place an “X” in either the YES, NO, or N/A (not applicable) column* | YES | NO | N/A |
| 1.  | Are you prior enlisted in the military? If yes, did you receive an honorable discharge?  **If no prior service, mark N/A**  |  |  |  |
| 2. | Are you an American citizen? |  |  |  |
| *For the questions below, place an “X” in either the YES or NO column. If you answer YES to any questions, please be prepared to elaborate during your AFROTC paperwork session.* | YES | NO |  |
| 3. | Do you require any special classroom and/or testing accommodations? |  |  |  |
| 4. | Have you ever taken illegal drugs or prescription drugs not prescribed to you? |  |  |  |
| 5. | Have you ever been arrested? |  |  |  |
| **V. SIGNATURE** |
| The Privacy Act of 1974; F036 AETCI AUTHORITY 10 U.S.C 33; 10 U.S.C 103; AFI 36-2001; AFI 45-3 and E.O. 9397 (SSN) grants the authority of this form to be used for screening a candidate for participation as an AFROTC cadet in the AFROTC Physical Training (PT) Program. This form is for internal use only.  **DISCLOSURE IS VOLUNTARY.** |
|  | Printed Name | Signature  | Date |
| New AFROTC Applicant |  |  |  |
| AFROTC Cadre Reviewer |  |  |  |