

NAVAL RESERVE OFFICER CORPS (NROTC)
PHYSICAL ACTIVITY RISK FACTOR QUESTIONNAIRE (PARFQ)

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AGENCY DISCLOSURE NOTICE

The public reporting burden for this collection of information, OMB-0703-0026, is estimated to average 3 hours and 35 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or burden reduction suggestions to the Department of Defense, Washington Headquarters Services, at whs.mc-alex.esd.mbx.dd-dod-information-collections@mail.mil. Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.

PLEASE DO NOT RETURN YOUR RESPONSE TO THE EMAIL ADDRESS ABOVE.

Responses should be sent to:

Naval Service Training Command NROTC
Selection and Placement, N92
320A Dewey Avenue
Bldg 3, Rm 106
Great Lakes, IL 60088

PLEASE READ THE FOLLOWING STATEMENT REQUIRED BY THE PRIVACY ACT OF 1974 BEFORE COMPLETING THE APPLICATION.

AUTHORITY: The authority to request this information is contained in: 5 U.S.C. § 301 (Authorizing Departmental Forms and Regulations); 10 U.S.C. § 2107 (Financial Assistance Program); and Executive Order 9397 (Use of Social Security Numbers), and System of Records Notices (SORNs) N01130-1 and N01080-3

PRINCIPAL PURPOSE(S): To manage and contribute to the recruitment of qualified men and women for officer programs and the regular and reserve components of the Navy. To ensure quality military recruitment and to maintain records pertaining to the applicant's personal profile for purposes of evaluation for fitness for commissioned service. The information you provide will be used to determine whether you qualify, and should be nominated for, an NROTC Scholarship. If you are nominated, the information will be used to enroll you into NROTC and will be used by the Navy in its management of the NROTC program.

ROUTINE USE(S): Information provided on the application will be used to screen and select individuals to receive scholarships, maintain data on the scholarship program, compare scholarship applicants from previous or subsequent years, and provide academic data and contact information to Navy activities and admissions officials at colleges and universities for recruitment purposes. Other uses may include providing the information to officials and employees of: the Department of Transportation; other agencies of the Executive Branch upon request in relation to the management of quality of military recruitment; the Department of Veterans Affairs and Selective Service Administration in relation to enlistment or reenlistment eligibility; Federal, state or local agencies that maintain civil, criminal and other relevant information pertaining to the letting of contracts; in response to an inquiry from a congressional office of record for an individual; to the Office of Personnel Management (OPM) to carry out legally authorized government-wide personnel management functions and studies; and to the General Services Administration (GSA) for the purposes of records management under the authority of 44 USC § 2904 & 2906. Information provided in this application is protected by the Privacy Act and will not be released outside of the Department of Defense without your permission, unless it comes with an exception to the Act, or one of the routine uses in 32 C.F.R. § 701.112, <https://www.navy.mil/privacy.asp>, and the routine uses set forth here. If you are nominated for an NROTC Scholarship, the information will be released to the top five schools you indicated on your application. Your information and notification of status may also be provided to your high school so they may assist with the final stages of the process.

DISCLOSURE: Mandatory. Failure to fully disclose the requested information may inhibit the Navy's ability to properly assess your physical activity risk factors and may subject you to administrative actions.

More information on the SORNS can be found at the following link(s):

<http://dpcllo.defense.gov/Privacy/SORNSIndex/DODComponentArticleView/tabid/7489/Article/6411/n01131-1.aspx>,
<http://dpcllo.defense.gov/Privacy/SORNSIndex/DODComponentArticleView/tabid/7489/Article/6410/n01080-3.asp>.

1. Do any of the following apply to you? (*Females Only*)

- You are pregnant, or have reason to believe you could be pregnant.
- You were pregnant and/or gave birth within the past 6 months.
- You are currently undergoing in vitro fertilization (IVF) treatment, or have undergone IVF within the past 90 days.

Yes

No

If you answer "Yes" to any of the above, you are *NOT* authorized to participate in the physical fitness assessment at present. Obtain pregnancy notification from your Health Care Provider (HCP).

2. Were you waived from participation in any type of physical activity in the past?

Yes

No

3. Are you requesting to be waived from participation in any portion of the physical fitness assessment activity?

Yes

No

4. Do you have a current Certificate of Physical Condition that reflects your current physical condition?

Yes

No

5. Have you experienced any of the following symptoms/problems that have not been evaluated by a health care provider:

- Unexplained chest discomfort?
- Unusual or unexplained shortness of breath?
- Dizziness, fainting, or blackouts associated with exertion?

Yes

No

6. Have you been or are you currently physically inactive AND have a family history of sudden death before the age of 50?

- Physically Inactive - < 30 minutes of vigorous activity per session, 3 days per week over the past 3 months.
- Vigorous activity - sweating and moderate to heavy increase in breathing and heart rate.

Yes

No

7. Does one or more of the following apply to you:

- Used any tobacco products in the last 30 days?
- Diabetes?
- High Blood Pressure that is not controlled?
- Family history of heart disease at any age?

Yes

No

A "Yes" answer to any of the above questions (**EXCEPT QUESTION #4**) indicates that you are not eligible to participate in this PFA unless cleared by your health care provider. If you cannot be cleared to fully participate, you must obtain a waiver recommendation from your health care provider for the non-cleared events.

Full Name (Last, First, MI)

PARFQ Date

Signature

Participation Status

- Member has only "No" answers and is cleared for full participation.
- Member's "Yes" answers were evaluated by a health care provider, and member is cleared for full participation.
- Based on health care provider recommendation, member is waived from participation in the following events:
 - Run/Cardio
 - Curl Ups
 - Push Ups

CFL Name (Last, First, MI)

Date

CFL Signature