

Attachment 1

CADET PHYSICAL FITNESS TEST WAIVER REQUEST			
<p>Physical fitness is a component of the Civil Air Patrol cadet program. Unless restricted by a physician, cadets participate in a variety of calisthenics, sports, and other exercises. Periodically, in their quest to earn awards, cadets attempt a physical fitness test.</p> <p>Please check the appropriate box to let CAP know that your patient is able to participate in, or is restricted from, these activities.</p>			
<p>Not Restricted. Cadet is determined to be in good health and may participate in physical fitness exercises without restriction.</p>			
<p>Temporarily Restricted. Medical condition or injury is temporary in nature. Normally, cadets will remain in this category for six months or less.</p>			
<p>Permanently Restricted. Medical condition or injury is chronic or permanent in nature. The cadet is indefinitely restricted from the activity.</p>			
TEST EVENT	NOT RESTRICTED	TEMPORARILY RESTRICTED	INDEFINITELY RESTRICTED
Sit and Reach	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Curl-Ups (Sit-Ups)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Push-Ups	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mile Run	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shuttle Run (30'x4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>Please explain the nature of any permanent restrictions.</p>			
<p>Are there any other activities this individual is restricted from? Please explain.</p>			
<p><i>The information on this request may be shared with Department of Defense agencies. By submitting this form, the cadet and cadet's parent(s) authorize CAP to discuss the information above with the physician.</i></p>			
Physician's Name:		Physician's Telephone:	
Physician's Signature		Date:	
Cadet's Name:		CAPID:	
<p><i>Note: This optional form is intended only for cadets requesting a CPFT waiver when applying for the Wright Brothers, Mitchell, Earhart, Eaker, or Spaatz Awards. In such cases, attach this completed request to the CAPF 52 or to the memo requesting permission to take the Spaatz Award exams.</i></p>			