PHYSICAL ACTIVITY RISK FACTOR QUESTIONNAIRE (PARFQ)

NAVPERS 6110/3 (Rev. 12-2025) Prescribing Directive OPNAVINST 6110.1L

PRIVACY ACT STATEMENT

AUTHORITY: 5 U.S.C. 552a, Records maintained on individuals, Secretary of the Navy, OPNAVINST 6110.1L, Physical Readiness Program

PRIMARY PURPOSE: The Physical Activity Risk Factor Questionnaire (PARFQ) is a self-screening tool required of all Navy members prior to participating in an official physical readiness test (PRT). The form assists commands and medical personnel in identifying risk factors or changes in a member's health status since the completion of the annual periodic health assessment (PHA).

ROUTINE USES: In addition to those disclosures generally permitted under **5 U.S.C. 552a(b)** of the Privacy Act of 1974, as amended, all or a portion of the records or information contained herein may specifically be disclosed outside the Department of War as a routine use pursuant to **5 U.S.C. 552a(b)(3)**.

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

1. Do any of the following apply to you? - Requesting a medical waiver for this physical fitness assessment (PFA) cycle - Pregnant (and have not notified your command) or have reason to believe you could be pregnant - Currently undergoing assisted reproductive technology (ART) (e.g., in vitro fertilization) treatment or have undergone ART within the past 90 days - Have sickle cell trait (SCT), **PLUS** a history of having a metabolic crisis such as rhabdomyolysis (muscle break down), exertional heat stroke, or exertional collapse associated with SCT (ECAST). NOTE: If "Yes", **STOP.** Print and sign PARFQ. Schedule a medical appointment with primary health care provider (HCP) and take this PARFQ to the medical appointment to initiate a NAVMED 6110/4 Physical Fitness Assessment Medical Clearance/Waiver (if required), obtain a pregnancy notification, and/or obtain a specialty consultation for exercise guidance (if appropriate). If "No", proceed to Question 2.	◯ Yes ◯ No
2. Is your PHA out of date (i.e., more than 1 year from your medical in-processing exam or your last PHA)? NOTE: If "Yes", **STOP.** Print and sign PARFQ. Take the necessary actions to update your PHA. ***PRT is NOT authorized until you have a current PHA.*** If "No", proceed to Question 3.	◯ Yes ◯ No
3. Have you experienced any of the following since the last PFA cycle that were NOT evaluated by an HCP? - Unexplained chest discomfort - Unusual or unexplained shortness of breath - Dizziness, fainting, or blackouts associated with exertion - A family history of sudden death before the age of 50 - High blood pressure that is NOT CONTROLLED (>140 systolic (top) or >90 diastolic (bottom)) - Diabetes with hemoglobin A1C >8% or insulin use - Racing heartbeat - Hospitalization due to COVID-19 infection, COVID-19 immunization, or other influenza-like illness in the past 3 months - Other medical issues (including bone and joint problems) that would keep you from safely participating in the PRT NOTE: If "Yes", **STOP**. Print and sign PARFQ. Schedule a medical appointment with authorized medical department representative (AMDR) or primary HCP to obtain a medical evaluation prior to the PRT. AMDR or primary HCP will endorse the PARFQ to either clear member for PRT participation or initiate a NAVMED 6110/4 (if required). If "No", proceed to Question 4.	◯ Yes ◯ No
4. Have you been exercising to a moderate increase in breathing for at least 30 minutes 3 times per week over the past 3 months? NOTE: If "Yes", **STOP.** Print and sign PARFQ. You may take the PRT. If "No", proceed to Question 5.	◯ Yes ◯ No
5. Do any of the following apply to you? - Used any tobacco or vape products in the last 30 days - Diabetes - High blood pressure - Family history of heart disease at any age - Male over 45 years of age or female over 55 years of age - Sickle Cell Trait - Medically evaluated in a hospital or emergency department for heat illness or rhabdomyolysis (muscle break down) NOTE: If "Yes", **STOP.** Save, print, and sign PARFQ. Schedule a medical appointment with AMDR or primary HCP to obtain a medical evaluation prior to the PRT. AMDR or primary HCP will endorse the PARFQ to either clear member for PRT participation or initiate a NAVMED 6110/4 (if required). If "No", save, print, and sign PARFQ. You may take the PRT.	◯ Yes ◯ No

Member Name *(Last, First, MI)*:	PARFQ Date:	Date of Birth:	Date of Last PHA:	

PRT PARTICIPATION STATUS

◯ Member Cleared for entire PRT ◯ NAVMED 6110/4 is required

AMDR/HCP Name *(Print)*:		Date: