

Physical Activity Risk Factor Questionnaire (PARFQ) Instructions

Please follow the instructions below while completing the Physical Activity Risk Factor Questionnaire (PARFQ) Form (NAVPERS 6110/3).

Note: This form is to be filled out *after* your DoDMERB medical exam or your sports physical.

*****Be sure to read the instructions located in each block thoroughly and answer as applicable and stop at the appropriate block as it asks*****

Block 1: Answer only if you are female otherwise, leave blank.

Block 2:

Block 3:

Block 4: Ans
physical or Sports Physical.

Block 5: (STOP).

Block 6: STOP).

Block 7: STOP).

Block 8: _____

PARFQ Date: The date that you are filling out this document.

Date of Last PHA: