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Personnel

FITNESS PROGRAM

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This instruction implements Air Force Policy Directive (AFPD) 36-29, *Military Standards*. It complements the physical fitness requirements of DoD Directive 1308.1, *DoD Physical Fitness and Body Fat Program*, 30 June 2004, DoD Instruction 1308.3, *DoD Physical Fitness and Body Fat Program Procedures*, 5 November 2002 *and* Air Force Instruction (AFI) 10-2, *Readiness*. It provides guidance and procedures for implementing the AF Fitness Program and supersedes all guidance provided in AFI 10-248, *Air Force Fitness Program*, 25 September 2006, IC 22 Aug 2007. It complements the physical fitness requirements of DoD Directive 1308.1, *DoD Physical Fitness and Body Fat Program*, 30 June 2004; and DoD Instruction 1308.3, *DoD Physical Fitness and Body Fat Procedures*, 5 November 2002. This instruction applies to all Regular Air Force (RegAF), Air Force Reserve (AFR) and Air National Guard (ANG) members, except where noted otherwise. This instruction relates to AFI 10-203, *Duty Limiting Conditions*, AFI 34-266, *The Air Force Fitness and Sports Programs* and AFI 40-104, *Nutrition Education*. This AFI may be supplemented at any level, but all supplements must be routed to AF/A1 for coordination prior to certification and approval. Refer recommended changes about this publication to the Office of Primary Responsibility (OPR) using the AF Form 847, *Recommendation for Change of Publication*. Ensure that all records created as a result of

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SUMMARY OF CHANGES

This publication is updated to reflect changes in guidance and procedures dealing with the AF Fitness Program. The major changes include the establishment of a Fitness Assessment Cell (FAC) to centralize and standardize the administration of fitness assessments; Bi-annual testing requirements for RegAF, AFR, and ANG (Title 10) members; revised component weighting and scoring based on health-fitness hierarchy; and requirements to score a composite 75 and meet minimum standards for each component to earn a passing fitness assessment score.

Commander's Intent:

It is every Airman's responsibility to maintain the standards set forth in this AFI 365 days a year. Being physically fit allows you to properly support the Air Force mission. The goal of the Fitness Program (FP) is to motivate all members to participate in a year-round physical conditioning program that emphasizes total fitness, to include proper aerobic conditioning, strength/flexibility training, and healthy eating. Health benefits from an active lifestyle will increase productivity, optimize health, and decrease absenteeism while maintaining a higher level of readiness. Commanders and supervisors must incorporate fitness into the AF culture establishing an environment for members to maintain physical fitness and health to meet expeditionary mission requirements. The Fitness Assessment (FA) provides commanders with a tool to assist in the determination of overall fitness of their military personnel. Commander-driven physical fitness training is the backbone of the AF physical fitness program and an integral part of mission requirements. The program promotes aerobic and muscular fitness, flexibility, and optimal body composition of each member in the unit.

Chapter 1

RESPONSIBILITIES

1.1. US Air Force Chief of Staff (CSAF). Directs implementation of the Air Force Fitness Program (FP).

1.2. US Air Force Deputy Chief of Staff for Manpower, Personnel, and Services (AF/A1).

1.2.1. Develops fitness standards.

1.2.2. Develops personnel policy and guidelines for implementation/administration of the FP.

1.2.3. Consults with AF/SG for medical-related issues related to fitness policy.

1.2.4. Coordinates with NGB/A1 and AF/REP on all fitness policy and guidelines.

1.2.5. Ensures fitness standards at the US Air Force Academy (USAFA), Officer Training School (OTS), Commissioned Officer Training (COT) course, Reserve Officer Training Corps (ROTC), Basic Military Training (BMT), and technical training schools align with this instruction.

1.2.6. Directs research to further FA methods and fitness standards.

1.2.7. Develops body composition accession standards in coordination with AF/SG.

1.2.8. Conducts annual review of program outcomes and provides a report to the DoD.

1.2.8.1. Provides a copy of this annual report to CSAF along with applicable recommendations for program improvement.

1.2.9. Provides software development to support the FP.

1.2.10. Supports the FP by ensuring availability of fitness resources: facilities, equipment, and programs.

1.2.11. Ensures healthy food selections are available at in-garrison and deployed base dining facilities.

1.3. US Air Force Surgeon General (AF/SG).

1.3.1. Directs intervention and training programs related to medical aspects of the FP.

1.3.2. Programs and resources medical aspects of the FP.

1.4. Military Force Policy Division (AF/A1PP).

1.4.1. Provides guidance on personnel policy and guidelines regarding implementation/ administration of the FP.

1.4.2. Collaborates with AF/SG, AF Services Directorate (AF/A1S), Office of The Judge Advocate General (AF/JA), and Chief Master Sergeant of the Air Force (AF/CCC) on matters related to fitness policy.

1.4.3. Provides support to the development and maintenance of the Air Force Fitness Management System (AFFMS) software application.

1.5. Air Force Personnel Center (AFPC/DPSF).

1.5.1. Works directly with AF/A1PP as OPR to support program administration.

1.5.2. Implements personnel policy.

1.5.3. Updates fitness program software AFFMS based on coordinated guidance and policy.

1.6. Assistant Surgeon General, Healthcare Operations (AF/SG3).

1.6.1. Develops medically-related intervention and training programs and provides guidance on implementation of these programs.

1.7. Air Force Services Agency (AFSVA).

1.7.1. Provides technical assistance and program guidance to the base Fitness Center (FC) for developing classes/programs that support the unit Fitness Improvement Programs (FIP) in support of the FP.

1.7.2. Provides FP assistance to support both individual and group exercise programs.

1.7.3. Reviews, coordinates, and provides input on deployment fitness equipment and shelter requirements; and provides FP guidance to support both individual and group exercise at deployed locations.

1.7.4. Provides technical assistance and program guidance to in-garrison and deployed base food service operations to develop healthy meals in support of the FP.

1.8. MAJCOM, National Guard Bureau (NGB), Field Operating Agency (FOA), and Direct Reporting Unit (DRU) Commanders.

1.8.1. Ensures subordinates execute the FP.

1.8.2. Ensures an environment that supports and motivates a healthy lifestyle through optimal fitness and nutrition.

1.8.3. Incorporates fitness and nutrition into compliance checklists for MAJCOM inspections (i.e., Operational Readiness Inspections (ORI), Unit Compliance Inspections (UCI), etc).

1.8.4. Ensures MAJCOM/A1 appoints a MAJCOM Fitness Program Consultant who acts as the liaison between AF/A1PP, AF/REP, NGB/A1 and installation FP personnel.

1.8.5. MAJCOM/A1 will gather fitness data from wings quarterly and provide statistics and analysis to MAJCOM Commander as directed.

1.8.6. NGB/A1 ensures policy is disseminated and implemented by states/wings.

1.9. AFRC Numbered AF Fitness Program Manager (NFPM).

1.9.1. The NFPM is appointed by the NAF/CC and must be a senior NCO or officer. IMA Readiness Management Group/CC will appoint an FPM in the grade of senior NCO or above to train and support Individual Mobilization Augmentee (IMA) Program Managers and Base IMA Administrators.

1.9.2. NFPMs will obtain AFFMS training via Computer Based Training (CBT).

1.10. Installation Commander or Equivalent.

1.10.1. Executes and enforces the FP and ensures compliance with appropriate administrative action in cases of non-compliance.

1.10.1.1. Ensures equitable administration of FA throughout the installation.

1.10.2. Conducts monthly review of unit/squadron fitness metrics and forwards metrics to the MAJCOM/A1 quarterly**.**

1.10.3. Provides an environment that supports and motivates a healthy lifestyle through optimal fitness and nutrition.

1.10.4. Ensures commanders implement and maintain unit fitness programs.

1.10.5. Provides appropriate manpower, safe facilities, equipment, resources and funding to support the FAC and FP.

1.10.5.1. Provides authorization and funding for Exercise Physiologist (EP)/FPM.

1.10.5.2. Provides a location for all components of the FA.

1.10.5.3. Approves 1.5-mile run and 1.0-mile walk assessment course with input from the EP/FPM.

1.10.6. ARC Wing CCs promote and support unit FP as mission requirements allow. Wing CCs will establish local policy for subordinate Unit CCs regarding use of duty time for physical training (PT) during unit training assemblies (UTA), annual tours (AT), and special tours.

1.10.6.1. May contract the services of qualified civilian personnel (e.g., ACSM-certified health fitness specialist, EP, etc.) to provide individual/group fitness education when these services are not otherwise available.

1.10.6.2. Coordinates with host MTF to establish medical support for the fitness program, to include space-available access to Healthy Living Program (HLP) and EP support for exercise prescription and UFPM/PTL training.

1.11. Medical Group Commander (MDG/CC).

1.11.1. Ensures qualified staff provides appropriate behavior modification, nutrition, and fitness education for the FP.

1.11.2. Ensures all MTF providers for AF members receive training on FP and Duty Limiting Conditions (DLC) guidelines during initial orientation and annual refresher training.

1.11.2.1. Ensures training includes FP policies, DLC procedures and medical conditions and medications affecting FAs.

1.12. ARC Medical Unit Commander Responsible for Health Service Support to the Wing/Group.

1.12.1. Appoints a credentialed provider as Fitness Program Medical Liaison Officer (MLO) to serve as the FP consultant to all other medical providers and support staff.

1.12.2. Ensures all medical providers receive training on FP and DLC guidelines. Training should include FP policies, medical conditions, and medications affecting FAs and DLC procedures.

1.13. Chief, Aerospace Medicine (MDG/SGP) or Equivalent.

1.13.1. Provides medical oversight for the installation FP. Plans, programs, and budgets safe HLP/HLPR in consultation with the EP/FPM to include collaborative FSS and SG fitness marketing efforts.

1.13.1.1. Ensures quality control for fitness referrals and exercise prescriptions provided by the EP/FPM related to DLCs.

1.13.1.2. For ARC units, medical oversight includes medical exemptions, medical profiling, and medical aspects of line-of-duty (LOD) determinations.

1.13.2. Ensures ARC medical units provide health service support to a wing/group as follows:

1.13.2.1. Ensures provision of medical dispositions relating to members' training and assessment in the FP based on reports from Personal Care Provider (PCP). ARC providers not supported by EP/FPM will document profiles with FP restrictions/exemptions IAW AFI 10-203, *Duty Limiting Conditions*.

1.13.2.2. Ensures procedures are established with RegAF host MTF for referral of eligible ARC component members for evaluation and treatment.

1.14. Health Promotion Flight Commander/Element Chief.

1.14.1. Provides support and consultation to commanders to provide an environment that supports and motivates a healthy lifestyle.

1.14.2. Ensures exercise, nutrition, and behavioral health education programs are incorporated into required FP education and HLP IAW **Chapter 5.**

1.14.3. Position is not applicable for ARC units.

1.15. Exercise Physiologist (EP) or Fitness Program Manager (FPM) for ARC units.

1.15.1. Serves as the subject matter expert on exercise science as it relates to the Installation FP.

1.15.2. Provides guidance and recommendations on unit PT programs as requested by Unit CC.

1.15.3. Develops local procedures for the 1.5-mile timed run and 1.0-mile timed walk IAW **Attachment 8 and Attachment 15**.

1.15.4. Trains PTLs to lead unit PT and conduct unit FAs as required, including proper equipment procurement, maintenance, and use. Ensures PTLs are trained for Basic Life Support (BLS) and in the use of an Automated External Defibrillator (AED).

1.15.5. Conducts Staff Assistance Visits (SAVs) on unit FP at the request of commanders (or equivalent).

1.15.6. Provides initial and refresher training for MDG providers on FP policies.

1.15.7. Provides documentation of FA exemption and/or exercise recommendations on AF Form 422, *Physical Profile Serial Report*.

1.15.8. Attends the Wing Deployment Availability Working Group.

1.15.9. Reviews commanders' written unit FP policies to ensure compliance with **paragraph 1.21** and reports compliance/non-compliance to Wing CC on a quarterly basis.

1.15.10. EPs supporting RegAF installations.

1.15.10.1. Completes the required certifications and training as directed by Air Force Medical Support Agency and Air Force Medical Operations Agency. Acquires and maintains, as a minimum, the American College of Sports Medicine (ACSM) Certified Health Fitness Specialist certification from the ACSM within 12 months of hire as a condition of employment as indicated by position description. Advanced levels of ACSM certification will fulfill this requirement. Completes HIPAA training and maintains access to the DoD electronic medical record Armed Forces Health Longitudinal Technology Application (AHLTA).

1.15.10.2. Trains FAC staff (where a FAC exists) to conduct official FAs, including proper equipment procurement, maintenance and use.

1.15.10.3. Provides fitness expertise, education and intervention IAW **Chapter 5**.

1.15.10.4. Determines acceptable FA and exercise prescriptions for all members with DLCs that impact FA/PT for greater than 30 days in accordance with functional limitations provided on AF Form 469, *Duty Limiting Condition Report*. For non-AGR ARC members, this is accomplished by referral to member's PCP, but may be accomplished by host-base EP on a space-available basis.

1.15.10.5. Coordinates with the Fitness Center Director (FCD) to ensure availability of FIP classes.

1.15.10.6. Provides annual training for FC staff on topics relating to physical activity.

1.15.10.7. At collocated units, provides training to ARC FPMs on proper methods to evaluate unit fitness programs and accomplishment of FA. Provides similar support to ARC units without an FPM on a space available basis.

1.15.11. FPMs supporting AFRC. Coordinate with NAF FPM (NFPM) to report adverse events related to FP participation to HQ AFRC/SGPH and HQ AFRC/A1.

1.16. ARC Fitness Program Medical Liaison Officer (MLO).

1.16.1. Receives initial and refresher training provided by the EP/FPM regarding FP policies procedures.

1.16.2. Maintains current information on FP policy, Fitness Screening Questionnaire (FSQ) screening, and medical exemption procedures and trains other credentialed ARC providers to:

1.16.2.1. Validate FP medical exemption recommendations by PCP.

1.16.2.2. Complete AF Form 469 and AF Form 422 for members with functional limitation impacting unit fitness activity to include assessment and training IAW AFI 10-203 and **Chapter 4**.

1.16.2.3. Provide medical reporting guidance for any injury sustained during FA and initiates appropriate PCP referral, LOD, and profiling actions.

1.16.2.4. Review high-risk FSQ for further disposition.

1.17. Community Nutrition Program Manager/Certified Diet Therapy Technician.

1.17.1. Provides support and consultation to commanders to provide an environment that supports and motivates a healthy lifestyle.

1.17.2. Provides nutrition education and intervention IAW **Chapter 5**.

1.17.3. Position is not applicable to ARC units.

1.18. Military Treatment Facility (MTF) Provider.

1.18.1. Maintains current information on FP policy, FSQ screening, and DLC procedures as pertains to the FP.

1.18.2. Receives initial and refresher training provided by the EP/FPM regarding medical aspects of FP policies and procedures.

1.18.3. Makes a DLC determination at any patient encounter in which the medical condition impacts fitness activity (to include assessment and training) or when an FA is due, and documents on AF Form 469 IAW AFI 10-203.

1.18.4. Provides risk assessment and recommendations for members with a high-risk response on FSQ **(Attachment 4)** upon referral by the FAC or unit.

1.18.5. Evaluates members who remain in an Unsatisfactory fitness category to rule out medical cause as requested by EP/FPM, CC, supervisor, or UFPM.

1.19. Force Support Squadron Commander/Director (FSS/CC).

1.19.1. Responsible for overall functioning and management of the FC and the FAC. Ensures adequate facilities and other resources are available to support fitness operations in-garrison and at deployed locations.

1.19.2. Plans, programs, budgets, and funds safe and effective FAs by the FAC. Supports joint FSS and SG fitness marketing efforts.

1.19.3. Ensures food facility directors provide healthy meals and a healthy eating awareness program at FSS facilities**.**

1.19.4. Ensures FCD and staffs are trained and prepared to support FP in garrison and at deployed locations. The exception is non-appropriated fund (NAF) and contract civilians who only work front desk, maintenance, and sports field operations.

1.19.4.1. Ensures FC staff is trained to support FP, e.g., training courses IAW AF Fitness Standards, developing and leading group exercise, leading FIP classes, etc. (refer to AFI 34-266, *Air Force Fitness and Sports Programs* for Fitness Staff Training).

1.19.4.2. Provides unit and collocated ARC Physical Training Leaders (PTLs) a thorough FC orientation to include group PT class setup, equipment use, and safety procedures.

1.19.5. Reports monthly FA statistics to wing/CC or designee in accordance with **para 8.1.1.2.**

1.20. Fitness Assessment Cell (FAC).

1.20.1. Operates in the Fitness and Sports Section (FSVS) as part of the Sustainment Flight (FSV) within the FSS.

1.20.1.1. Completes FA procedures training, BLS, and AFFMS training within 30 days (90 days for ARC) of appointment and prior to conducting FAs. Maintains currency by completing annual refresher training and bi-annual BLS training. Where a FAC does not exist, UFPM and PTL will fulfill the roles of the FAC. When no FAC exists and where feasible, FAs will be

conducted by a certified PTL from another unit. Arrangements will be determined by local leadership.

1.20.1.2. Trains UFPMs and PTLs on FA policies and metrics.

1.20.1.3. Provides UFPM or designated unit representative blocks of testing dates and times for FAs.

1.20.1.4. FAC staff members must be able to personally accomplish and demonstrate proper push-ups and sit-ups prior to administering each FA.

1.20.1.5. Reviews completed FSQ prior to allowing any member to conduct an official FA. Forwards any FSQs with high-risk response to MTF. If member has a component exemption, an AF Form 422 must be provided to the member by the MTF.

1.20.1.6. Provides fitness metrics and unit status report to the UFPM monthly IAW **para 8.1.1.2.**

1.20.1.7. Provides monthly FP metrics from AFFMS to FSS for wing leadership review IAW **para 8.1.1.2**.

1.20.1.8. Ensures FA equipment is procured, maintained, and replaced as needed.

1.20.1.9. Oversees use of fitness software by UFPMs; ensures most recent version of software is installed and maintained. Assigns AFFMS user roles and privileges to Wing personnel.

1.20.2. Fitness Assessment (FA) Administration.

1.20.2.1. FAC will administer all portions of the FA IAW **Chapter 2.**

1.20.2.2. FAC staff member of the same gender will perform all AC measurements. Where a FAC staff member of the same gender is not available, an observer of the same gender must be present.

1.20.2.3. FAC will supervise members conducting push-ups and sit-ups. Recommend ratio of no more than 12 members for every 1 FAC staff member. Those testing may pair-off and count for each other while the FAC member provides oversight to ensure proper form.

1.20.2.4. FAC will monitor the 1.5-mile run at a recommended ratio of 1 FAC staff member to 12 members testing.

1.20.2.5. FAC documents FA results on a hard copy score sheet (**see sample score sheets at Attachment 18)**, signs the score sheet, and obtains member's signature on the score sheet, acknowledging run/walk time, abdominal circumference measurements, and muscular fitness repetitions. FAC provides a copy of the signed score sheet to member for their personal records. Note: Score sheets may be created by the FAC or they may be unit specific.

1.20.2.6. FAC enters member's FA results into the AFFMS within 2 duty days.

1.20.3. FAC responsibilities for members with unsatisfactory FA results:

1.20.3.1. Notifies commanders of all FA failures and initiates the following actions:

1.20.3.1.1. Creates a case file IAW **para 7.2** and forwards it to the member's commander or designated representative. Case files from the FAC will contain: AF Form 108 and hard copy score sheet with signatures as required in **para 1.20.2.5**. Units may insert additional documentation upon receipt.

1.20.3.1.2. Schedules HLP/HLRP when appropriate. Notifies members, UFPM, commanders, and the intervention agency (e.g., Health and Wellness Center (HAWC)) that the members will be enrolled in mandatory HLP/HLPR, as appropriate.

1.20.3.1.3. Enters member's completion of mandatory HLP/HLPR into AFFMS.

1.21. Unit/Squadron Commander (CC) or equivalent.

1.21.1. Executes and enforces the unit FP and ensures appropriate administrative action is taken in cases of non-compliance.

1.21.1.1. Provides a work environment that supports healthy lifestyle choices.

1.21.2. Implements and maintains a unit/squadron PT program in accordance with guidelines at **Attachment 2 and Attachment 3.** Commanders will consult with the EP/FPM to assist unit PTLs in developing safe and effective PT programs.

1.21.3. Commanders will have a written policy that describes their unit fitness program and will provide the EP/FPM with a copy of the written policy. This policy will include:

1.21.3.1. Expectations for remaining current and meeting standards.

1.21.3.2. PT program requirements: unit PT programs will encourage members to participate in physical fitness training up to 90 minutes, 3-5 times per week. Consistent with mission requirements, commanders are encouraged to schedule or authorize military service members' time to participate in physical fitness training during the duty day.

1.21.4. Appoints PTLs in writing to conduct and lead unit PT programs.

1.21.4.1. PTLs should be available a minimum of 1 year from the time of appointment.

1.21.4.2. Ensures PTLs attend the initial and annual PTL certification course provided by the EP/FPM prior to overseeing and conducting the unit FP.

1.21.5. Appoints a UFPM in writing.

1.21.6. For units not supported by a FAC, appoints PTLs in writing to conduct FAs.

1.21.6.1. Appointed PTLs must receive training from the EP/FPM prior to conducting FAs.

1.21.7. Administers personnel actions of the program.

1.21.7.1. Ensures all assigned or attached unit personnel are in compliance with all FP requirements (e.g., unit PT, scheduled FAs, HAWC classes and follow-up, and participation in FIP/Self-Paced Fitness Improvement Program (SFIP), HLP/HLPR, etc. if applicable).

1.21.7.2. ARC members in the unsatisfactory fitness category will complete HLPR online when HAWC education and HLPR are not available or accessible. Pay and points may be authorized to accomplish mandatory HLP/HLPR.

1.21.7.3. Documents command response to unsatisfactory fitness scores on FAs IAW **para 7.2** of this instruction. Elevates matters to higher command where appropriate.

1.21.7.4. Ensures closed fitness case file is placed in the Military Personnel Section (MPS) outprocessing package for members departing for Permanent Change of Station (PCS) or Permanent Change of Assignment (PCA) and hand-carried to the gaining unit. The losing UFPM will retain a copy for 90 days.

1.21.7.5. Provides open fitness case files to MPS for members departing for PCS/PCA. Open case files will be sealed and mailed to member's gaining commander for review and hand-off to UFPM.

1.21.8. Ensures prior exempted members returning from deployment are assessed after the period of acclimatization (42 days from return to home station for RegAF and AGR; 90 days for other ARC members) unless member requests to assess earlier.

1.21.9. Ensures member's fitness score is current prior to deployment.

1.21.10. Directs unofficial unit-run practice tests, as needed.

1.21.10.1. Practice FAs are not reported as official scores in AFFMS but may be used as a commander's tool to evaluate fitness/readiness, dress and appearance, etc.

1.21.10.2. Commanders may refer and track members not meeting standards for FIP and/or HLP/HLPR.

1.22. ARC Commanders.

1.22.1. Determines frequency of PT programs during UTA and AT duty-time based on mission requirements.

1.22.2. Encourages Air Reserve Technician and ANG Full-Time Technicians to participate in duty-time PT according to ARC policy for civilian employees and develop plans for their participation.

1.22.3. May authorize points and pay to accomplish mandatory education and HLP/HLPR, and to receive benefit from RegAF EPs. This does not include authorization of points or pay for the sole purpose of performing PT.

1.23. Deployed Unit Commander.

1.23.1. Provides environment that supports, encourages, and motivates a healthy lifestyle.

1.23.2. Appoints a deployed unit PTL to facilitate unit PT program if required or feasible.

1.23.3. Ensures personnel enrolled in FIP (**see definition in Attachment 1)** continue to meet program requirements, if feasible.

1.23.4. If determined reasonable and safe, may conduct official FAs, but must have the necessary elements required supporting the fitness program standards (i.e. trained PTL(s), 1.5-mile and 1.0-mile CC-approved course, screening process, appropriate medical support, and access to AFFMS).

1.24. Unit Fitness Program Manager (UFPM).

1.24.1. Where a FAC does not exist (Joint bases where AF is not lead support, remote and isolated locations, etc.) UFPM and PTL will fulfill the roles of the FAC. This may include obtaining access to the AFFMS and training via CBT or nearest FAC within 30 days (90 days for ARC) of appointment by Unit CC. Where no FAC exists, UFPMs will enter FA scores into AFFMS.

1.24.2. Provides FSQ to member to complete prior to any official or command-directed FA. FSQ should be completed by member no earlier than 30 days (90 days for ARC) and no later than 7 days prior to FA. Retains a current copy of the FSQ for each unit member.

1.24.3. Schedules individuals for FAs.

1.24.4. Where a FAC does not exist, ensures members are enrolled into the HLP/HLPR.

1.24.4.1. ARC members (except AGR) are directed to complete HLPR online when HAWC-based programs are not available or accessible.

1.24.5. Maintains the fitness program case file initiated by the FAC on members scoring Unsatisfactory (composite score of < 75 or failure to meet minimum component requirements) IAW **para 7.2.** Ensures case file is maintained in a secured location.

1.24.6. Provides fitness metrics and unit status report to the unit CC/unit leaders monthly IAW **para 8.1.1.2.**

1.25. Physical Training Leader (PTL).

1.25.1. Completes initial PTL certification provided by EP/FPM prior to overseeing and conducting the unit FP. Where a FAC does not exist, UFPM and PTL will fulfill the roles of the FAC.

1.25.1.1. Completes refresher training annually or upon change in duty station.

1.25.1.2. ARC PTLs at collocated bases will receive initial and refresher training from RegAF EP/FPM. Where it is not feasible for ARC PTLs to receive training from RegAF EP/FPMs, they will complete the virtual training course on Air Force portal as coordinated through the EP/FPM.

1.25.2. Completes BLS and AED training prior to attending PTL certification course. Maintains currency while serving as PTL.

1.25.3. Leads CC-approved unit FP.

1.25.3.1. Where no FAC exists, PTL will conduct all portions of the FA IAW **Chapter 2.**

1.25.4. Conducts unofficial practice tests.

1.25.5. Where no FAC exists, PTL documents FA results on a hard copy score sheet, signs the score sheet, and obtains member's signature on the score sheet, acknowledging run/walk time, abdominal circumference measurements, and muscular fitness repetitions. PTL provides a copy of the signed score sheet to UFPM for AFFMS entry and to member for their personal records. Note: PTLs may create unit specific score sheets if not provided by the FAC.

1.25.6. Maintains a minimum Satisfactory score on the FA.

1.26. Member.

1.26.1. Maintains individual year-round physical fitness through self-directed and unit-based fitness programs and proper nutrition standards IAW **Chapter 2**.

1.26.2. Remains current as defined in **para 2.12.**

1.26.3. Completes FSQ IAW **para 2.3.2.** Note: Failure to complete FSQ does not invalidate the FA.

1.26.4. If entered into intervention program(s), meets all program requirements IAW **Chapter 5.**

1.26.5. May access individual fitness reports directly from the AF Portal.

1.26.6. Will acknowledge FA component results by signing hard copy score sheet **(See Attachment 18)** following completion of the FA.

Chapter 2

FITNESS ASSESSMENT

2.1. General. The AF uses an overall composite fitness score and minimum scores per component based on aerobic fitness, body composition, and muscular fitness components to determine overall fitness. Members must earn a composite score of 75 or greater, and meet the minimum component scores identified in **Attachment 14** (and **Attachment 16** if taking the 1-mile walk test).

Minimum component scores do not constitute the minimum points required to earn a composite passing score. Scoring the minimum component values in all FA components will not generate enough points to earn a composite score of 75 or greater. The minimum components are established to ensure that members test adequately in all components rather than excelling in some and disregarding others.

Overall fitness is directly related to health risk, including risk of disease and death. Health and readiness benefits increase as aerobic fitness and body composition and muscular fitness improve with increases in physical activity.

2.2. Fitness Assessment Components.

2.2.1. Body composition component.

2.2.1.1. Evaluated by abdominal circumference (AC) measurements.

2.2.2. Aerobic component.

2.2.2.1. Evaluated by the 1.5-mile timed run.

2.2.2.2. Alternative Aerobic Test: Members not medically cleared to complete the 1.5-mile run will be assessed by the 1.0-mile walk as determined by the EP/FPM unless otherwise exempted.

2.2.3. Muscular fitness component.

2.2.3.1. Evaluated by number of push-ups and sit-ups completed within 1 minute.

2.3. Fitness Assessment Requirements. The FAC will conduct the FA assessment for all Airmen (RegAF, AFR, and ANG.) NOTE: Where no FAC exists and where feasible, FAs should be conducted by a certified PTL from another unit. Arrangements of this sort will be determined by local leadership.

2.3.1. FAC training and certification will cover official testing procedures and will not be deviated from under any circumstances.

2.3.2. All members must complete the FSQ prior to FA (**Attachment 4**).

2.3.2.1. The FSQ should be completed no earlier than 30 calendar days (90 days for ARC), but NLT 7 days prior to FA to provide time for medical evaluation, when indicated. Note: Failure to complete FSQ does not invalidate the FA.

2.3.2.2. A medical provider must evaluate all members with health issues identified on the FSQ prior to the FA. Member must notify the UFPM of the assessment/training clearance status from the provider. The provider or ARC MLO completes the bottom portion of the FSQ or the Medical Clearance Letter (MCL) if the member has no limitations (**Attachment 10 or 11**) and an AF Form 469, if applicable.

2.4. Assessment Procedures.

2.4.1. All components of the FA must be completed within a 3-hour window on the same day. If extenuating circumstances occur that prevent completion of the test (e.g. rapidly changing or severe weather conditions, emergencies, travel time needed to complete other components at alternate locations, etc…) then all components must be rescheduled and completed at the earliest opportunity, but within 5 duty days. ARC members must be in a military duty status for assessments.

2.4.1.1. Body composition (height, weight, and AC) must be the first component assessed in the FA.

2.4.1.2. The muscular fitness components (push-ups and sit-ups) may be accomplished before or after the 1.5-mile run (or 1.0-mile walk).

2.4.1.2.1. There is a minimum 3-minute rest period between components.

2.5. Body Composition Assessment.

2.5.1. Height and Weight.

2.5.1.1. Obtain height and weight IAW DoDI 1308.3. These measurements are not factored into the member's composite score.

2.5.2. Abdominal Circumference (AC).

2.5.2.1. The AC measurement is used to obtain the body composition component score. The use of AC measurement has been authorized by DoD to meet the body composition requirement. See **Attachment 9**.

2.6. Body Composition Assessment Procedures.

2.6.1. Height Assessment.

2.6.1.1. Measurement will be taken in the FAC in conjunction with weight and AC measurements. Where a FAC does not exist, Unit CCs may designate a location for body composition measurements.

2.6.1.2. Measurement will be taken with member in PT t-shirt, PT shorts and/or PT pants. PT jacket and shoes will not be worn.

2.6.1.3. Member will stand on a flat surface with the head held horizontal looking directly forward, and the chin parallel with the floor. The body should be straight, but not rigid, similar to the body position when at attention.

2.6.1.4. Measurement will be recorded to the nearest half inch.

2.6.1.4.1. If the height fraction is less than 1/4 inch round down to the nearest half inch.

2.6.1.4.2. If the height fraction is 1/4 inch or greater round up to the nearest half inch.

2.6.2. Weight Assessment.

2.6.2.1. The measurement will be made on a scale calibrated IAW TO 33K-1-100-1, Section 3, *Technical Manual on Calibration Procedure for Maintenance Data Collection Codes and Calibration Measurement Summaries,* and recorded to the nearest pound with the following guidelines.

2.6.2.2. Measurement will be taken with member in PT t-shirt, PT shorts and/or PT pants. PT jacket and shoes will not be worn.

2.6.2.3. If the weight fraction is less than ½ pound, round down to the nearest pound.

2.6.2.4. If the weight fraction is ½ pound or greater, round up to the nearest pound.

2.6.2.5. Two pounds will be subtracted for clothing worn during official FA.

2.6.3. Abdominal Circumference (AC) Assessment.

2.6.3.1. FAC or trained designee will take the AC measurement in a private room or in a partitioned area. Individuals conducting AC measurements will be of the same gender as the member being taped and certified by the EP/FPM as an official taper. Where a FAC member of the same gender is not available, an observer of the same gender must be present.

2.6.3.2. Tape measure made of non-stretch (fiberglass) material will be used for the AC.

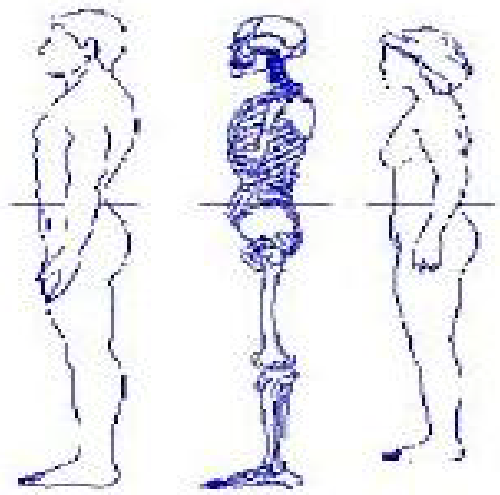
2.6.3.3. Member will stand looking straight ahead with arms down to sides.

2.6.3.4. Tester will stand on the right side of the member.

2.6.3.5. Measurement will be taken on bare skin.

2.6.3.6. Tester will locate a horizontal landmark just above the right iliac crest.

Figure 2.6.3.6. Measuring Tape Position for Abdominal Circumference.



2.6.3.7. Tester will place the tape on a horizontal plane around the abdomen at the level of the landmark. Ensure the plane of the tape is parallel to the floor and is snug, but does not compress the skin. Take the measurement at the end of a normal respiration.

2.6.3.8. Take the circumference measure three times and record each measurement, rounding down to the nearest ½ inch. If any of the measures differ by more than one inch from the other two, take an additional measurement. Add the 3 closest measurements, divide by 3, and round down to the nearest ½ inch. Record this value as the AC measure.

2.7. Aerobic Fitness Assessment.

2.7.1. The run and walk will be performed on an approved distance course.

2.7.2. Aerobic fitness is measured with a 1.5-mile run according to procedures outlined in **Attachment 8.** All members will complete the 1.5-mile timed run unless medically exempted.

2.7.3. Members medically exempted from the run and cleared for an alternate assessment will, upon recommendation by the EP/FPM, complete the 1.0-mile walk, according to procedures in **Attachment 15.** Members performing the 1.0-mile walk will not be allowed to run (i.e., at least one foot must be in contact with the ground at all times) or the assessment will be terminated.

2.7.3.1. The 1.0-mile walk is the only authorized alternate assessment for RegAF and ARC members. Note: The member does not select the assessment method. The EP/FPM determines which assessment to use based on the member's assessment history and medical recommendation.

2.8. Muscular Fitness Assessment.

2.8.1. Muscular fitness is measured with a 1-minute timed push-up component and a 1-minute timed sit-up component. Assessment procedures and techniques are outlined in **Attachment 7.**

2.9. Fitness Categories.

2.9.1. **Excellent.** Composite score $\geq$ 90, all component minimums met.

2.9.2. **Satisfactory.** Composite score of 75 - 89.99, all component minimums met.

2.9.3. **Unsatisfactory.** Composite score < 75 **and/or** one or more component minimums **not** met.

2.9.4. **Exempt.** All four components exempted.

2.10. Determining Composite Fitness Score.

2.10.1. Age and gender-specific fitness score charts are provided in **Attachment 14**.

2.10.2. Members will receive a composite score on a 0 to 100 scale based on the following maximum component scores: 60 points for aerobic, 20 points for body composition, 10 points for push-ups and 10 points for sit-ups.

2.10.3. Determine the score by the following formula:

$$\text{Composite score} = \frac{\text{Total component points achieved X 100}}{\text{Total possible points}}$$

Component:	Aerobic	Body Composition	Push-ups	Sit-ups
Possible Points:	60	20	10	10

2.10.4. Scoring for exemptions: Members with a DLC prohibiting them from performing one or more components of the FA will have a composite score calculated on the assessed components. AC will be performed on all members, unless exempted by medical provider IAW **para 4.2**, since there is no risk to the member. Members must achieve a minimum of 75 adjusted points, based on points available, and meet minimum component standards in order to receive a "Satisfactory" rating.

Examples:

1) Member exempted from push-ups: If member receives 48 points for aerobic fitness, 16 pts for AC and 8 pts for sit-up component; the total component pts achieved = 72. Possible pts from aerobic fitness, AC, and sit-up components = 90 pts. Composite score is: (72/90) x 100 = 80 pts. As long as member meets minimum component scores, member receives a "Satisfactory" rating.

2) Member exempted from aerobic fitness: If member has a 39.5 inch waist and receives 11.7 pts for AC, 9.5 pts for push-ups and 9.5 pts for sit-up component; the total component pts achieved = 30.7. Possible pts from AC, push-up and sit-up components = 40 points. Composite score is: (30.7/40) x 100 = 77 points. However, based on minimum component score (because member did not meet minimum AC requirement of 39.0 inches), member receives an "Unsatisfactory" rating.

2.11. Scheduling. RegAF, AFR, and ANG (Title 10) members are mandated to complete an official FA at a minimum of twice yearly. Members must test by the last day of the month, six calendar months following the previous passing test (e.g., if member tested on 15 April, then member must retest on/before 31 October of the same year). ANG (Title 32) are mandated to complete an official FA at a minimum of once yearly. Members must be tested by the last day of the month, 12 calendar months following the previous test (e.g., if a member tested on 15 April, the member must retest on/before 30 April of the following year).

2.11.1. Frequency of the FA should be based on the previous fitness score unless earlier assessment is necessary to accommodate deployment.

2.11.1.1. **Excellent/Satisfactory.** RegAF, AFR, and ANG (Title 10) members assess by the last day of the month, six calendar months following the previous test as outlined above. ANG (Title 32) are mandated to complete an official FA at a minimum of once yearly and must be tested by the last day of the month, 12 calendar months following the previous test.

2.11.1.2. **Unsatisfactory**: RegAF, AFR, and ANG (Title 10) members must retest within 90 days of a failed official FA. Retesting is not recommended during the first 42 days after an unsatisfactory test. Recognized medical guidelines provide that this time is needed to recondition from Unsatisfactory to Satisfactory status in a manner reducing risk of injury. If a member requests, commanders may approve a retest within the 42-day window following an Unsatisfactory fitness score. A member wanting to use the full 42-day reconditioning period following an Unsatisfactory fitness score will not be required to retest during that period. ANG (Title 32) must retest by the last day of the month, 6 calendar months following the previous Unsatisfactory FA.

2.11.2. In addition to the mandatory official test, commanders may direct unofficial practice tests. This will afford members regular opportunities to assess their compliance with AF fitness standards, minimizing any surprise assessment failures at the time of official assessments. These assessment scores do not require FAC presence and will not be entered into AFFMS; however, they may be used as a commander's tool to evaluate fitness/readiness.

2.12. Currency. Currency is established upon completion of the following program requirements based on the member's most recent fitness level as follows:

2.12.1. **Excellent/Satisfactory.** To remain current, RegAF, AFR, and ANG (Title 10) must be assessed by the last day of the month, six calendar months following the previous passing test (e.g., if member tested on 15 Apr, then member must retest on/before 31 Oct of the same year and would be non-current on 1 Nov of the same year). ANG (Title 32) must be assessed by the last day of the month, 12 months following the previous passing test (e.g., if member tested 15 Apr, then member must retest on/before 30 Apr of the next year and would be non-current on 1 May of the next year).

2.12.2. **Unsatisfactory.** RegAF, AFR, and ANG (Title 10) must retest within 90 days (180 days for ANG (Title 32)). RegAF, AFR, and ANG AGR members must participate in a unit FIP and complete the HLP/HLPR (in person or online) within 10 days of the FA. Non-AGR ARC (AFR and ANG) must accomplish HLPR within 60 days of Unsatisfactory FA. Members in the Unsatisfactory fitness category will remain in the FIP/SFIP until they achieve a Satisfactory or better FA score.

2.12.3. **Waivers.** If a member is unable to complete any required portion of the AF Fitness Program (e.g., FA, FIP session, intervention classes), the member must receive written waiver/approval (**Table 4.3.**) from the Unit CC. A copy of the written approval is filed by the UFPM in the member's fitness records. For ARC members unable to complete any scheduled FA, the member must be rescheduled to test on the next date the member is in a military duty status and official FAs are being conducted.

2.12.4. **Deployed Location**. Members must have a current fitness score on file prior to deployment. Member will not be considered "exempt" in the deployed location until their current FA expires. If a member fails before deploying and their OPR/EPR closes out after the deployment starts, member will be marked "DOES NOT MEET STANDARDS" on the OPR/EPR. If they pass, they will be marked "MEETS STANDARDS" on the OPR/EPR. The only time "exempt" should be marked is if their current FA "expires" and they are in a deployed location where they CANNOT test.

2.13. Recognition for Excellence. Members achieving and maintaining excellent FA scores are authorized to wear a patch on the right sleeve of their PT uniform shirt (IAW AFI 36-2903, *Dress and Personal Appearance of Air Force Personnel*) recognizing their accomplishment as follows:

2.13.1. **Current Excellent.** Members with a current FA score of 90 and meeting all component minimum requirements.

2.13.2. **Sustained Excellent.** Members with the most recent 4 or more tests over a continuous minimum 2-year period with FA scores $\geq$ 90 and meeting all component minimum requirements.

2.13.3. **Current Perfect 100.** Members with a current FA score of 100.

2.13.4. **Sustained Perfect 100.** Members with the most recent 4 or more tests over a continuous minimum 2-year period with FA scores of 100.

Chapter 3

FITNESS ASSESSMENT WAIVERS

3.1. Installations with Extreme Weather Conditions and/or Higher Altitudes.

3.1.1. CCs may request a waiver from MAJCOM/CV (or equivalent) to adjust scheduling of the 1.5-mile run or 1.0-mile walk assessments for extreme seasonal weather conditions (see **Attachment 8**) if an appropriate indoor facility is not available. The waiver must specify periods unable to complete the run/walk assessment safely. Members will still test on remaining components and will be granted an exemption from the aerobic component of the test. Member's composite score will be determined in accordance with **para 2.10.** MAJCOM/A1s will forward a copy of approved waivers to AF/A1PP. ARC units will forward a copy of approved waivers to AF/A1PP and an additional copy to AF/RE or ANG/A1.

3.1.2. ARC members who commute from a lower altitude to perform duty at their assigned/attached unit at a location where the altitude≥ 5000 feet, may perform FA with an AF unit at or near their home altitude, with commander's approval. The UFPM at the unit of assessment will forward a copy of FA results to ARC member's assigned/attached UFPM for AFFMS update and tracking purposes. This variation is only for ARC members who are not afforded the 6-week acclimatization period at the assessment site.

Chapter 4

EXEMPTIONS

4.1. General. The UFPM retains the FSQ and/or the AF Form 469 and the AF Form 422 in a folder until a more current FSQ is signed or the AF Form 469 expires. The UFPM notifies FAC of all exemptions. FAC enters exemptions into AFFMS.

4.2. Exemptions. Exemptions are designed to categorize members as unable or unavailable to train or assess for a limited time period. Commanders may grant exemptions as outlined in **Table 4.3.** Members with a DLC prohibiting them from performing one or more components of the FA will be assessed on the remaining components and scored IAW **para 2.10**. All members will complete an AC assessment as listed in **para 4.2.5.**, unless exempted by medical provider. Temporary exemptions will not be issued for personnel still currently assigned to a unit solely for the purpose of improving currency compliance rates (i.e. impending retirements, separations, etc. where member is not on terminal leave). Members with chronic medical DLCs preventing them from performing one or more components of the FA will be medically reviewed during the annual PHA, at a minimum, and referred to the Deployment Availability Working Group for evaluation as appropriate IAW AFI 10-203. Member may be referred to a medical care provider or MTF if they have been exempt from the same component for more than two consecutive FAs to identify the possibility of a chronic medical condition. ARC members are referred to MLO.

4.2.1. All members who are medically exempt from assessment or for whom fitness training must be modified for greater than 30 days, including pregnancy, will be referred to the EP/FPM, and if applicable, appropriate ancillary provider (e.g. physical therapist) for an exercise assessment, prescription and counseling, or rehabilitation program. ARC members (except AGR) will be advised to consult a personal care provider/trainer.

4.2.2. Providers will list physical limitations on the AF Form 469. When physical limitations preclude the member from participating in fitness activities for greater than 30 days and/or accomplishing the FA, the member will follow local policy to obtain an exercise prescription and determination of FA exemption from the EP/FPM. Unless member is given a composite exemption, member will continue to prepare for and be assessed on non-exempt components of the FA.

4.2.2.1. A military provider must make the final disposition for any physical limitations in cases where military members are seen by non-military providers or when ARC members bring recommendations from their PCP. Limitations will be transcribed by an AF provider to an AF Form 469 IAW AFI 10-203.

4.2.2.2. The provider will specify the length of time required for physical limitations.

4.2.2.3. The expiration date represents the date the member is medically cleared to resume physical activities previously restricted. Members will be eligible for FA 42 days after the expiration date of physical limitations, as annotated on AF Form 469. This allows time for reconditioning, if exempted for greater than 30 days. Note: Reference 4.2.4. for guidelines regarding pregnant members.

4.2.2.4. For guidance on medications that may affect heart rate measurements for the 1.0-mile walk, see **Attachment 13.**

4.2.3. Pregnancy.

4.2.3.1. Prenatal counseling will include information on safe physical activity.

4.2.3.2. Members will be exempted from FA during pregnancy. Members with pregnancies lasting 20 weeks or more are also exempt from FA for 180 days after completion of pregnancy (delivery, miscarriage, etc.). Pregnancy-related exemptions are only for the FA and do not exclude the member from participating in an EP/FPM-approved physical fitness program.

4.2.3.3. AF Form 469 will be reaccomplished by the provider IAW AFI 10-203 in cases where pregnancy ends prior to 20 weeks. Providers will take into account physiological and psychological changes when determining days required for recovery and reconditioning prior to FA eligibility. Exemptions in these cases will not exceed 180 days.

4.2.3.3.1. Expiration date will be determined by the provider and represents the date the member is medically cleared to begin an unrestricted physical training program.

4.2.3.4. Pregnant ARC members should discuss their fitness program with their PCP.

4.2.4. PCS Moves. Exemptions are not granted for members in outbound status. Members pending PCS must have a current FA score on file that will not expire prior to the Report-No-Later-Than-Date (RNLTD) at the next duty location. If the score expires prior to the RNLTD at the next duty location, member must be scheduled for a FA before their departure. A member in inbound status is given 42 days from his/her Date Arrive Station (DAS) date to acclimatize before assessment.

4.2.4.1. New Accessions. Airmen will be given 42 days from their DAS to acclimate, but will test NLT 6 months from their graduation date from BMT or Commissioning Source. DAS may include tech school or their first duty location.

4.2.5. All members will complete AC assessment unless there is a composite exemption or, under rare circumstances, a component exemption determined by the EP/FPM upon recommendation by the provider.

4.2.6. ARC medical unit providers will advise members to consult their PCP for evaluation if indicated to recommend specific PT appropriate for medical condition or may refer the member to host HLP if available. MTFs can provide space available evaluation as required for eligible ARC members. To obtain an exemption based on evaluation and recommendation of PCP, the member must provide the ARC medical unit with medical documentation to include diagnosis, treatment, prognosis, and period and type of physical limitations or restrictions. Individual Reservists (IR) may be referred by the MTF to their PCP.

4.3. Exemption Categories.

4.3.1. Composite Exemptions. Member is exempt from all components of the FA.

4.3.2. Component Exemption. Member is exempt from one or more components of the FA, but will be assessed on remaining components.

Table 4.3. Exemption Categories.

Type	Definition	Assessment/Reassessment Requirements
Composite (Medical)	Member is prohibited from completing all components of the FA due to medical conditions, other than pregnancy, for greater than 30 days.	The member is allowed 42 days for training following the expiration of the medical exemption. (Exception: Pregnancy-related exemptions)
Composite (Deployment)	Members due to deploy must have a current FA score on file prior to departure. If assessment while deployed is not possible due to extenuating circumstances beyond the individual's or commander's control, or the deployment is extended beyond the member's currency, the deployed commander may grant a deployment exemption, but this should be the exception. **(See Note)**	If the deployed commander grants exemption, the member is given 42 days after return from deployment to train and is then required to complete assessment.
Composite (Commander)	Member is unable to complete an assessment for a time-limited, unforeseen catastrophic event that precludes training and assessment for greater than 30 days (e.g., Hurricane Katrina, 9/11, etc.) may be exempt for that period. Commanders may also exempt members who are on terminal leave/PTDY in conjunction with retirement/separation, incarceration, or on appellate leave or excess leave pending separation.	If the exemption exceeds 30 days, the member is given 42 days following the expiration of the exemption for training. ARC: Non-participating ARC member listed on unit roster, but unable or unavailable to participate for pay or points (examples are new accessions awaiting OTS/COT/BMT, etc.) may be classified under commander exemption.
Composite (Pregnancy)	Member is prohibited from completing FA due to pregnancy. Pregnant members who were in the Unsatisfactory fitness category prior to becoming pregnant will continue to participate in the FIP.	Member becomes eligible to retest 180 days after the completion of pregnancies lasting 20 weeks or more. For pregnancies that end prior to 20 weeks, see para 4.2.3.3.
Component	Member is prohibited from performing one or more components of the FA. The commander, in consultation with the EP/FPM, may grant members exemption from aerobic and muscle fitness components of PT or assessment based on medical recommendations IAW **para 4.2** for a time-limited period. Other components of the FA will still be assessed.	Upon expiration of the exemption or when the EP/FPM clears the exempted component of assessment, the member will meet their next scheduled FA. If the exemption exceeded 30 days, the member is allowed 42 days for training following the expiration of the component exemption.

Note: Member will not be considered "exempt" in the deployed location until their current FA expires (Ref Para 2.12). For Officer and Enlisted Evaluation purposes (Ref AFI 36-2406), if a member fails before deploying and their evaluation closes out after the deployment starts, member will be marked "DOES NOT MEET STANDARDS" on the EPR/OPR. If they pass, they will be marked "MEETS STANDARDS" on the EPR/OPR. The only time "exempt" should be marked is if their current FA "expires" and they are in a deployed location where testing is not offered and the deployed commander has granted an exemption.

Chapter 5

PHYSICAL FITNESS EDUCATION/INTERVENTION

5.1. Physical Fitness Education. Physical fitness education will be incorporated into training programs and unit PT. Ongoing commander emphasis and a supportive environment are essential to maintain health and fitness of the force.

5.1.1. To the maximum extent possible, ARC members will attend RegAF host HAWC programs at collocated bases. AGR members at non-collocated bases will have the same intervention requirements as RegAF Geographically Separated unit (GSU) personnel IAW **para 6.3.** All other reservists will complete online HLPR when RegAF HAWC education and intervention programs are not available or accessible.

5.2. Intervention and Support. HLP/HLPR participation is mandatory for all AF members with an Unsatisfactory score and is available for all members who wish to improve their fitness.

5.2.1. Members are ultimately responsible for improving their fitness to achieve at minimum a Satisfactory score.

5.2.2. Consistent with mission requirements, commanders and supervisors are encouraged to provide 90 minutes, 3-5 times per week of duty time for fitness improvement needs.

5.2.3. In order for members to achieve improvements in fitness performance, it is recommended they exercise a minimum of 5 days per week and follow recommended dietary guidelines.

5.2.4. Members at GSUs, or other locations where HAWCs are not available, may receive HLP/HLPR online.

5.2.4.1. ARC members not in a military duty status will be held accountable for meeting fitness standards at reassessment intervals. SFIP is a tool to help members and commanders document progress.

5.3. Healthy Living Program (HLP)/Healthy Living Program Reserves (HLPR). This program targets nutritional and exercise behavior changes necessary to improve one's health and fitness. HLP sessions are available to non-AGR ARC members on a space-available basis.

5.3.1. The core HLP session is mandatory for all RegAF and AGR members with an Unsatisfactory score and provides information and tools to support a self-driven fitness improvement program. Members must attend within 10 duty days of completion of their Unsatisfactory FA. If member is unable to attend within 10 duty days, they must obtain written authorization from their unit commander to attend the next available HLP. ARC personnel (except AGRs) are required to accomplish HLPR within 60 days of the Unsatisfactory FA.

5.3.2. Additional sessions on a variety of fitness and nutrition topics are available for members who want further guidance.

5.3.3. Members who have consecutive failures are not required to repeat the core HLP session, but are encouraged to seek individualized assistance with HLP staff.

5.3.4. Members will notify UFPM of completion of core HLP/HLPR session. The FAC (or UFPM where no FAC exists) will notify CCs of individuals' non-compliance.

Chapter 6

SPECIAL POPULATIONS

6.1. Students/Accessions. Commanders, Superintendents, or Commandants of units such as the USAFA, BMT, Advanced Technical Training Centers, Undergraduate Pilot and Navigator Training Centers, ROTC, Graduate Medical Education, and Air Force Institute of Technology (AFIT) education programs will align minimum fitness assessment standards with this instruction. A FA composite score of ≥ 75 and all component minimums met are required for all AF members to graduate from or obtain a commission through USAFA, ROTC, OTS, or Academy of Military Science. Students assigned to civilian institutions (e.g., AFIT) will participate in FAs conducted by local ROTC detachment, where available, base of servicing FAC or other arrangements as determined by the assigned CC. Results of FAs will be entered into the AFFMS by the FAC. Where a FAC does not exist, UFPMs and PTLs will fulfill the role of the FAC.

6.1.1. Enlistees failing to meet either: 1) aerobic fitness standards of: 1.5 mile run times of 18:30 for males, 21:35 for females, or 2) body composition standards of: Maximum abdominal circumference of 39.0 inches male, 35.5 inches female or maximum body fat of 20% for males, 28% for females upon arrival at BMT are deemed medically unable to safely rehabilitate to a passing FA score within the standard 42-day rehabilitation period. They may be immediately processed for entry level separation pursuant to **AFI 36-3208**, Administrative Separation of Airmen, **para 5.22**.

6.2. Geographically Separated Units (GSUs)/Individuals.

6.2.1. Members will complete all components of the FA.

6.2.1.1. If FAC staff are not available, UFPM and/or PTL will fulfill the roles of the FAC. Alternatively, members will work with their unit CC to accomplish the FA at an alternate location where a FAC is available. Unit TDY funds may be used if necessary. A commander may coordinate with host-base EP to train and certify PTLs to conduct FAs locally when travel is not appropriate.

6.2.1.2. The host base will provide fitness program support.

6.2.1.3. For AFRC GSUs the Numbered Air Force Fitness Program Manager (NFPM) and supporting FSS units will provide support to UFPMs and commanders. HQ AFRC program manager will support UFPMs at DRUs that report directly to AFRC; the NFPM will support UFPMs at DRUs that report directly to a Numbered Air Force.

6.2.1.4. In unique circumstances (e.g., only one AF member at a location), the unit CC may authorize a non-AF person to conduct FAs. This individual must be certified to conduct the FA. A commander may coordinate with the nearest AF base EP to train and certify non-AF personnel to become a PTL. Results of the FA will be entered in the AFFMS by FAC personnel at the parent organization.

6.3. Individual Reservists (IR).

6.3.1. The attached/assigned RegAF unit is responsible for management of the FP for IRs.

6.3.2. Program managers and Base Individual Mobilization Augmentee Administrator (BIMAA) will monitor the timely completion of FP requirements with the attached/assigned RegAF unit

and the IR, and will provide FA expiration dates if not accessible by the attached/assigned RegAF unit.

6.3.3. Members will be assessed by the attached/assigned RegAF unit during the member's AT, if possible, or during an Inactive Duty Training (IDT) period. Members will contact the RegAF UFPM to schedule the FA.

6.3.4. Members must be in a military duty status during assessment.

6.3.5. ARC members may not apply personal physical fitness activities for the purpose of obtaining participation credit for AT, UTA, IDT, or additional training periods.

6.3.6. All PIRR members in the Civil Air Patrol United States Air Force (CAP-USAF) and Air Liaison Officer (ALO) programs are authorized to perform the FA only once per year.

Chapter 7

PROGRAM MANAGEMENT

7.1. Fitness Program Software Application.

7.1.1. The Air Force Fitness Management System (AFFMS) software application is accessible through the AF Portal.

7.1.2. Specific privileges to enter data, view, retrieve and print reports, conduct audits, and correct data entries are granted by FAC personnel according to roles and responsibilities for FP data management.

7.2. Fitness Program Case Files.

7.2.1. The FAC creates a FP case file when a member scores Unsatisfactory on a FA. UFPM maintains an active file in the member's fitness record for 24 months. For locations where no FAC exists, the UFPM will initiate the FP case file.

7.2.2. The UFPM maintains and files any pertinent documents in the FP case file. See **Attachment 10 (RegAF) and Attachment 11 (ARC)** Sample Memorandum for Medical Clearance and **Attachment 12,** Sample Memorandum for Temporary Duty Assignment/Professional Military Education (TDY/PME).

7.2.3. The UFPM who is responsible for monitoring attached/assigned reservists will maintain the FP case file.

7.3. Protected Health Information.

7.3.1. FA, including run times and VO2 scores (for 1-mile walk assessment), push-ups, sit-ups, and AC component/composite scores do not meet the definition of protected health information (PHI) as outlined in DoD 6025.18R, *DoD Health Information Privacy Regulation.*

7.3.2. Any occasion where a member interacts with a PCP, EP, or medical technician for education, intervention, assessment, or treatment related to the FP, the information generated as a result of the interaction is PHI and must be handled IAW DoDI 6025.18R and MTF local procedures.

7.3.2.1. If PHI must be shared with the CC, an accounting of the specific information released must occur as outlined in DoDI 6025.18R and in local MTF policy unless the member provides written authorization to disclose the information.

Chapter 8

FITNESS METRICS

8.1. Reporting Requirements.

8.1.1. The following fitness metrics are reported to wing CC or designee. Wings will report consolidated statistics to MAJCOM/A1 quarterly.

8.1.1.1. Unit PT Program Policy.

8.1.1.1.1. UFPM will provide the EP/FPM with a copy of written unit PT program policy.

8.1.1.1.2. EP/FPM reports quarterly compliance/non-compliance of unit policy letters that comply with **paragraph 1.21.3.**

8.1.1.2. Fitness Assessment Statistics.

8.1.1.2.1. FAC reports the following unit statistics to UFPMs each month:

8.1.1.2.1.1. FA currency status (i.e., number/percent current, not current, and exempt).

8.1.1.2.1.2. FA categories (i.e., number/percent Excellent, Satisfactory, Unsatisfactory and Exempt)

8.1.1.2.1.3. FIP delinquency report (members who fail to attend any mandatory intervention appointment).

8.1.1.2.2. UFPM reports the following unit metrics to the unit/CC each month:

8.1.1.2.2.1. FA currency status (i.e., number/percent current, not current, and exempt)

8.1.1.2.2.2. FA categories (i.e., number/percent Excellent, Satisfactory, Unsatisfactory and Exempt)

8.1.1.2.2.3. FIP delinquency report (members who fail to attend any mandatory intervention appointment).

8.1.1.2.2.4. Details on individual members failing to meet FP currency requirements, as applicable.

8.1.1.2.3. FAC reports the following wing statistics to FSS/CC each month:

8.1.1.2.3.1. FA currency status by unit (i.e., number/percent current, not current, and exempt). Reported by UFPM or PTL if no FAC is present.

8.1.1.2.3.2. FA categories by unit (i.e., number/percent Excellent, Satisfactory, Unsatisfactory and Exempt). Reported by UFPM or PTL if no FAC is present.

8.1.1.2.4. FSS/CC reports the following wing statistics to wing/CC each month:

8.1.1.2.4.1. FA currency status by unit (i.e., number/percent current, not current, and exempt).

8.1.1.2.4.2. FA categories by unit (i.e., number/percent Excellent, Satisfactory, Unsatisfactory and Exempt).

Chapter 9

ADMINISTRATIVE AND PERSONNEL ACTIONS

9.1. Adverse Personnel Actions (for Unsatisfactory Fitness Members). Members are expected to be in compliance with Air Force fitness standards at all times. When members fail to comply with those standards (receive an Unsatisfactory FA score), they render themselves potentially subject to adverse action. Commanders should consult with their servicing Staff Judge Advocate before taking such action.

9.1.1. Prohibited Actions:

9.1.1.1. Commanders may not impose nonjudicial punishment (Article 15, UCMJ) solely for failing to achieve a Satisfactory fitness score.

9.1.1.2. Upon receipt of a Medical Evaluation Board (MEB) permanent exemption, a member is not subject to adverse personnel action for inability to take the FA.

9.1.1.3. While units may perform unofficial practice tests for diagnostic purposes, commanders will refrain from taking adverse action based solely on the results of these tests. The ultimate goal of the fitness program is to motivate members to adopt a lifestyle of fitness through realization of positive health-benefits from regular exercise and good nutrition. Members are more likely to embrace and positively view unit practice testing when conducted in the spirit of camaraderie rather than potential penalization.

9.1.2. Unit CCs may take adverse administrative action upon a member's Unsatisfactory fitness score on an official FA (see **Attachment 19).** For administrative separation criteria, see **para 9.1.5**. below.

9.1.2.1. If adverse administrative action is not taken in response to an Unsatisfactory fitness score on an official FA, unit CCs will document in the member's fitness case file as to why no action is being taken. The lack of such CC documentation does not discount the testing failure as a basis in support of administrative discharge action pursuant to **para 9.1.5.**

9.1.3. As appropriate, unit CCs will document and take corrective action for members' unexcused failures to participate in the FP such as failing to accomplish a scheduled FA, failing to attend a scheduled fitness appointment, failing to complete mandatory educational intervention or failing to maintain the required documentation of exercise while on the FIP.

9.1.4. For standards and requirements relating to performance report documentation of fitness, consult AFI 36-2406, *Officer and Enlisted Evaluation Systems*, and other official guidance specifically addressing performance reports.

9.1.5. Administrative Separation. (See AFI 36-3208 for active duty enlisted members, AFI 36-3206, *Administrative Discharge Procedures for Commissioned Officers*, for active duty officers, AFI 36-3209, *Separation and Retirement Procedures for Air National Guard and Air Force Reserve Members*, for all ARC members.)

9.1.5.1. A unit CC may initiate (enlisted members) or recommend (officers) administrative discharge of a member when:

9.1.5.1.1. The member has received an Unsatisfactory FA score following a conditioning period of at least 42 days after a previous Unsatisfactory FA score, i.e. the member has accrued the second of two consecutive Unsatisfactory FA scores; and

9.1.5.1.2. The CC finds that the member failed to demonstrate significant improvement (as determined by the CC) despite the conditioning period; and

9.1.5.1.3. Evaluation by a military health care provider (e.g., a physician, physician's assistant or nurse practitioner) has ruled out medical conditions precluding the member from achieving a passing score.

9.1.5.2. Unit CCs shall make a discharge or retention recommendation to the Installation CC (or special/general court-martial convening authority in the member's chain of command) when an individual remains in the Unsatisfactory fitness category for a continuous 12-month period or receives four Unsatisfactory FA scores in a 24-month period. Prior to initiation of discharge action, a military medical provider must have ruled out medical conditions precluding the member from achieving a passing score.

9.1.5.2.1. If unit CC recommends retention, recommendation may be made by informal memorandum for Installation CC endorsement. Concurring endorsement by Installation CC neither removes nor discounts prior or future FA failures from serving as potential bases for discharge (a failing FA score, to include one under a prior version of this instruction, remains a valid basis for discharge so long as it is within 24 months of the member's most recent FA failure). An Installation CC approving a member's continued retention need not re-visit this decision in the event of future FA failures by the member. Unit CCs remain obligated in response to such future failures, to either take adverse administrative action or document in the member's fitness case file why no such action is being taken. See **para 9.1.2.1**. File retention decision memorandum in member's fitness records. If Installation CC disagrees with Unit CC retention recommendation, Installation CC initiates discharge action pursuant to applicable discharge instruction.

9.1.5.2.2. If unit CC recommends discharge, unit CC initiates (enlisted members) or recommends (officers) discharge action pursuant to applicable discharge instruction.

9.1.5.2.3. For ARC members (except AGR), the Unit CC shall consider administrative separation if a member remains in an Unsatisfactory fitness category for a continuous 24-month period. A decision to retain the member does not remove or discount previous FA Unsatisfactory assessments. The decision may serve as potential basis for future discharge actions if member retests and continues to remain in an Unsatisfactory category (so long as it is within 24 months of the member's most recent FA failure). While a commander approving a member's continued retention need not re-visit this decision in the event of future FA failures by the member, Unit CCs remain obligated in response to such future failures, to either take adverse administrative action or document in the member's fitness case file why no such action is being taken. See **para 9.1.2.1**. The unit of attached/assigned CC may initiate reassignment of individual reservists after the second Unsatisfactory FA. The member may be reassigned to the inactive reserve, either Non-Affiliated Reserve Section (NSRS)-NB if obligated, or NARS-NA if non-obligated. Members will be reassigned according to AFI 36-2115, *Assignments within the Reserve Components*.

9.2. Failing to Present a Professional Military Image While in Uniform.

9.2.1. CCs must ensure members present a professional military image while in uniform. A professional military image/appearance may or may not directly relate to an individual's fitness level or weight.

9.2.2. Commanders may require individuals who do not present a professional military appearance (regardless of overall FA composite score) to enter the FIP (SFIP for ARC) and/or otherwise schedule individuals for fitness education and intervention. Commanders taking such action:

9.2.2.1. Specify in writing, using AF Form 108, the date an individual should complete the program and the requirements they must meet.

9.2.2.2. May extend the exercise program in writing beyond the initial period until the participant achieves a professional military appearance.

9.2.2.3. May take administrative and/or personnel action if the individual fails to participate or comply with the requirements established by the CC.

9.3. Education and Training Programs.

9.3.1. This instruction does not set eligibility standards for attending PME or other training programs. For those standards consult the applicable governing regulations. In those situations where members with Unsatisfactory FA scores are permitted to attend training, the following rules apply:

9.3.1.1. Members enrolled in the FIP/SFIP must continue with this program and scheduled FAs while in training status.

9.3.1.2. Commanders sending members enrolled in the FIP to a training TDY that exceeds 6 weeks must send the gaining commander or equivalent a memorandum explaining the required intervention, follow-up, and testing **(Attachment 12)** at least 2 weeks prior to TDY.

9.3.1.3. The gaining commander or commandant at the TDY location will assume unit CC responsibilities for FP purposes.

9.3.1.4. ARC members in all fitness categories going on active duty orders for training must be prepared to participate in PT programs and those in the SFIP must participate in the FIP during periods of active duty.

9.4. AF Form 108, Physical Fitness Education and Intervention Processing.

9.4.1. Unit CC or equivalent will use the AF Form 108 as a tool to document mandatory education and intervention requirements. The failure of command or command representatives to sign, annotate, or otherwise complete the AF Form 108 in no way lessens the member's overarching responsibility for his/her own fitness and compliance with AF fitness standards.

9.4.1.1. Barnes Center for Enlisted Education Senior Enlisted Leader and NCOs assigned duty as Detachment Chief or Academy Commandant have signature authority for the AF Form 108.

9.4.2. UFPMs initiate and annotate mandatory appointments on AF Form 108 to include date/time and location.

9.4.3. Member will sign the AF Form 108 to acknowledge HLP/HLPR enrollment.

9.4.4. Respective program facilitator signs the AF Form 108 upon completion of the education/intervention program.

9.4.5. Medical provider will sign AF Form 108 if member is referred for medical evaluation following an Unsatisfactory score. Members with Unsatisfactory scores may be scheduled for a medical evaluation to determine if there are possible medical indicators that prohibit program success.

9.4.6. If a member fails to show for any assigned appointments, the FAC and/or HAWC/medical staff will notify the member's UFPM who, in turn, will notify the CC for appropriate action.

9.5. Forms Prescribed. AF Form 108, Physical Fitness Education and Intervention Processing*;* AF Form 422, Physical Profile Serial Report; AF Form 847, Recommendation for Change of Publication; AF Form 469, Duty Limiting Condition Report; AF Form 418, Selective Reenlistment Program Consideration.

9.5.1. The failure of command or command representatives to sign, annotate, or otherwise complete the AF Form 108 or other prescribed forms in no way lessen the member's overarching responsibility for his/her own fitness and compliance with AF fitness standards.

9.6. Forms Adopted. No forms adopted for this instruction.

RICHARD Y. NEWTON III, Lt General, USAF
DCS, Manpower and Personnel

Attachment 1

GLOSSARY OF REFERENCES AND SUPPORTING INFORMATION

References

DoD Directive 1308.1, *DoD Physical Fitness and Body Fat Program*, 30 Jun 2004

DoD Instruction 1308.3, *DoD Physical Fitness and Body Fat Program Procedures*, 5 Nov 2002

AFI 10-203, *Duty Limiting Conditions*, 25 Oct 2007

AFI 34-266, *Air Force Fitness and Sports Programs*, 24 Sep 2007

AFI 36-2301, *Professional Military Education,* 27 Jun 2002

AFI 36-2406, *Officer and Enlisted Evaluation Systems,* 15 Apr 2005

AFI 36-2501, *Officer Promotions and Selective Continuation*, 16 Jun 2004

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AFI 36-2110, *Assignments,* 20 Apr 2005

AFI 36-2115, *Assignments within the Reserve Components*, 8 Apr 2005

AFI 36-2504, *Officer Promotion, Continuation and Selective Early Removal in the Reserve of the Air Force*, 9 Jan 2003

AFI 36-2612, *United States Air Force Reserve (USAFR) Reenlistment and Retention Program*, 25 Jul 1994

AFI 36-2626, *Airman Retraining Program*, 1 Jul 1999

AFI 36-3206, *Administrative Discharge Procedures for Commissioned Officers*, 9 Jun 2004

AFI 36-3208, *Administrative Separation of Airmen*, 9 Jul 2004

AFI 36-3209, *Separation and Retirement Procedures for Air National Guard and Air Force Reserve Members*, 14 Apr 2005

AFI 48-123V2, *Medical Examinations and Standards Volume 2-Accession, Retention, and Administration,* 5 Jun 2006

AFMAN 15-129, *Air and Space Weather Operations-Processes and Procedures,* 21 Jun 2004

AFMAN 36-8001, *Reserve Personnel Participation and Training Procedures*, 22 Jan 2004

AFMAN 44-144, *Nutritional Medicine,* 14 Jun 2004

AFPAM 48-151, *Thermal Injury*, 18 Nov 2002

AETCI 36-2201, *Technical and Basic Military Training Evaluation,* 24 Jan 2005

AETCI 36-2203, *Technical and Basic Military Training Development*, 8 Mar 2001

AETCI 36-2205V1, *Formal Flying Training Administration and Management,* 29 May 2009

AETCI 36-2216, *Administration of Military Standards and Discipline Training,* 16 Jun 2004

USAFAI 36-2002, *Cadet Weight and Fitness Programs*, 20 Oct 2008

Abbreviations and Acronyms

AC – Abdominal Circumference

ACSM – American College of Sports Medicine

AED – Automated External Defibrillator

AFFMS – Air Force Fitness Management System

AFPD – Air Force Policy Directive

AGR – Active Guard/Reserve

AHLTA – Armed Forces Health Longitudinal Technology Application

ARC – Air Reserve Components

AT – Annual Tour

BIMAA – Base Individual Mobilization Augmentee Administrator

BLS – Basic Life Support

BMT – Basic Military Training

CBT – Computer Based Training

COT – Commissioned Officer Training Course

DLC – Duty Limiting Condition

DoD – Department of Defense

DT – Duty Time

EP – Exercise Physiologist

FA – Fitness Assessment

FAC – Fitness Assessment Cell

FC – Fitness Center

FCD – Fitness Center Director

FIM – Fitness Information Manager

FP – Fitness Program

FPM – Fitness Program Manager

FIP – Fitness Improvement Program

FSS – Force Support Squadron

FSQ – Fitness Screening Questionnaire

HAWC – Health and Wellness Center

HIPAA – Health Insurance Portability and Accountability

HLP – Healthy Living Program

HLPR – Healthy Living Program Reserves

IDT – Inactive Duty Training

IMA – Individual Mobilization Augmentee

IR – Individual Reservist

LOD – Line of Duty

MEB – Medical Evaluation Board

MilPDS – Military Personnel Data System

MLO – Medical Liaison Officer

MPS – Military Personnel Section

MTF – Medical Treatment Facility

NAF – Non-Appropriated Funds

NFPM – Numbered Air force Fitness Program Manager

OPR – Office of Primary Responsibility

ORI – Operational Readiness Inspection

OTC – Over the Counter

OTS – Officer Training School

PCA – Permanent Change of Assignment

PCM – Primary Care Manager

PCP – Personal Care Provider

PCS – Permanent Change of Station

PHI – Protected Health Information

PT – Physical Training

PTL – Physical Training Leader

RegAF – Regular Air Force

ROTC – Reserve Officer Training Corps

RPE – Rating of Perceived Exertion

SAV – Staff Assistance Visit

SFIP – Self-Paced Fitness Improvement Program

TDY – Temporary Duty Assignment

UCI – Unit Compliance Inspection

UFPM – Unit Fitness Program Manager

UIF – Unfavorable Information File

USAFA – United States Air Force Academy

UTA – Unit Training Assembly

VO_2 Max – Volume of Oxygen consumed during exercise

Terms

Abdominal Circumference (AC)—A circumferential measure of abdominal girth at the iliac crest that is positively and highly correlated with internal fat and in turn disease risk independent of body mass.

Active Guard/Reserve (AGR)—Air Reserve Component (ARC) members on full time AGR duty to support the National Guard and Reserve, who are paid from the Reserve Personnel Appropriations of a military department. This includes all personnel of the National Guard and Reserve Forces serving on active duty under Sections 10301, 10211, 12301(d), 12310, 10502, 10505 and 10506, 10305, or 12402 of 10 USC; or 32 USC 502(f) of 32 USC in order to organize, administer, recruit, instruct or train members of the Reserve components. For the purpose of this instruction, the term AGR refers solely to AGR members permanently assigned to full-time National Guard duty under Title 32 USC 502(f), not applicable to Temporary AGRs or members serving on Active Duty Operational Support (ADOS) orders.

Air Force Portal (AF Portal)—The website available to all Air Force members that serves as a single access point for AF Fitness resources; located at **https://www.my.af.mil**.

Alternate Aerobic Fitness Assessment—FA for those with a medical exemption from the 1.5-mile run. Medical exemption is based on either musculoskeletal or clinical (e.g., cardiac, pulmonary, etc.) conditions that preclude running. Approved alternate aerobic fitness assessment is the 1.0-mile walk test for eligible members.

Basic Life Support (BLS) Training—Includes CPR and Automated External Defibrillator (AED) certification.

Exercise Physiologist (EP)—The EP is the installation Subject Matter Expert consultant to CCs, providers, FAC, and individuals for briefings, consultation, exercise prescriptions, guidance, and training. The EP must meet minimum requirements described in the position description. (See Fitness Program Manager for ARC units).

Fitness Assessment (FA)—The Air Force uses the 1.5-mile run and 1.0-mile walk to provide an estimate of an individual's cardiorespiratory (aerobic) fitness. Push-ups and sit-ups are used to assess muscular fitness. Personnel must complete an FSQ prior to the assessment. FAs are used to measure compliance with military directives to maintain consistent and regular physical-conditioning programs. Fitness standards are used to ensure a minimum level of fitness is maintained. Out-of-cycle unit-run FAs are not reported as official scores in AFFMS, but may be used as a commander's tool to evaluate fitness/readiness, dress and appearance, etc. Commanders may refer and track members not meeting standards for HLP/HLPR.

Fitness Assessment Cell (FAC)—Team trained by the EP/FPM to conduct the FA. FAC members should be role models and advocates for fitness. This team is aligned under the Sustainment Flight of the Force Support Squadron.

Fitness Improvement Program (FIP)—A unit-based or fitness center-based intervention program required for all members identified with a composite Unsatisfactory fitness score. May consist of supervised/monitored exercise, documented exercise participation, and monthly HAWC follow-up appointments with the EP/FPM as required. FIPs will be designed to meet unit specific needs.

Fitness Program Manager (FPM)—Installation fitness expert for ARC units where an EP is not available. The FPM is responsible for oversight of the installation AF Fitness Program. The FPM is a consultant to CCs, providers, FAC, and individuals for briefings, consultation, exercise prescriptions, guidance, and training. The FPM must meet minimum requirements described in the position description.

Fitness Program Medical Liaison Officer (MLO)—Credentialed provider for the ARC.

Geographically Separated Units (GSUs)—For the purposes of this AFI, a GSU is defined as a unit that is separated from the host or main operating base that provides support. The host or main operating base is defined as the base where the member's MPS is located.

Healthy Living Program (HLP)—Intervention program required for all members identified as Unsatisfactory fitness score. The program consists of behavior modification, fitness and nutrition education.

Healthy Living Program Reserves (HLPR)—Required on-line education and intervention program of similar content to HLP for Reservists who cannot participate in HAWC based programs and score Unsatisfactory on the FA.

Medical Liaison Officer (MLO)—For the ARC member, the individual’s civilian health care provider, either a primary care manager or a specialist. In most cases, a civilian practitioner, but in cases where the member is a military family member or is in active duty status, a military provider.

Personal Care Provider (PCP)—For RegAF, the individuals’ primary care manager. In most cases, a military practitioner.

Physical Training (PT)—Development and care of the body using a wide variety of strength building, cardio training, endurance, and flexibility activities.

Physical Training Leader (PTL)—A unit member trained to lead unit PT program and who oversees and administers unit FAs where a FAC is unavailable. This is an additional duty and not a primary AFSC.

Self-paced Fitness Improvement Program (SFIP)—A remedial intervention program recommended for non-AGR ARC members identified with a composite Unsatisfactory fitness score. Members are highly encouraged to take part on a voluntary basis in all available HLP/HLPR to include an individualized fitness exercise prescription, heart-rate monitored exercise, supervised unit/fitness center PT, and documented exercise participation. AGRs in the Unsatisfactory fitness category will participate in the FIP.

Title 10 (Federal Status)—Includes RegAF members, ANG Statutory Tour, AFR AGRs, AFR ARTs, IMAs, Traditional Reservists, and members of the Individual Ready Reserve.

Title 32 (State Status)—Includes ANG Technicians, ANG Drill Status Guardsmen, and ANG permanent AGRs serving at the state level.

Unit Fitness Program Manager (UFPM)—A unit member who is responsible to the commander for the unit fitness program. Acts as a liaison between the Unit CC, the FAC, and the EP/FPM for matters related to the fitness program. Access to, and experience with, MILPDS is highly desirable. This is an additional duty and not a primary AFSC.

VO_2 Max—The maximum volume of oxygen taken in, transported and used by the pulmonary, cardiovascular, and muscular systems measured in milliliters of oxygen per kilogram of body weight per min (ml/kg/min). VO_2 max is the measure of cardiorespiratory endurance or aerobic fitness and refers to the ability to perform large muscle, dynamic, moderate-to-high intensity exercise for prolonged periods. It is important to measure cardiorespiratory endurance for: exercise prescription, progress, feedback, and motivation in an exercise program, as well as prediction of medical conditions and further diagnoses of health problems.

Wet Bulb Globe Temperature–A composite temperature used to estimate the effect of temperature, humidity, wind speed and solar radiation on humans. It is used by industrial hygienists, athletes, and the military to determine appropriate exposure levels to high temperatures.

Attachment 2

PHYSICAL FITNESS GUIDELINES

A2.1. Physical Fitness. The health and care of the body through physical activity. The health-related components of fitness are: cardiorespiratory endurance, body composition, muscular strength, muscular endurance, and flexibility-mobility-stability. Each component is a movement-related trait or capacity that is generally independent of the others. An underlying concept here is better status in each of the constituent components is associated with lower risk for development of disease or functional disability. The skill-related components of fitness are: agility, balance, coordination, power, reaction time, and speed. These components are more genetically dependent than the health-related components and play a role in some AF specialties (occupation-specific).

A2.2. Goal. The fundamental goal of a physical fitness program is to bring about a change in personal health and fitness behavior, which includes, at a minimum, habitual physical activity. This regular physical activity should result in long-term exercise compliance and attainment of individual fitness goals and objectives.

A2.3. Objective. The basic objectives of an exercise program are: 1) to gain health benefits and prevent hypokinetic (inactivity) disorders, or 2) seek to attain greater health benefits and higher levels of fitness beyond basic health by engaging in physical activity of more vigorous intensity or of greater volume (longer duration and greater frequency). Daily physical activity is essential to improve health and quality of life, and maintain functional capacity. Health benefits are proportional to both the volume and intensity of activity--thus, every increase adds some benefit. To meet either of the above objectives one must execute a balanced exercise program. Recommendations from the American College of Sports Medicine (ACSM), the American Heart Association (AHA), and the U.S. Centers for Disease Control and Prevention (CDC) are included in the exercise guidelines below.

A2.4. Aerobic Fitness. Synonymous with cardiorespiratory endurance, it is the ability to perform large muscle, dynamic, moderate-to-high intensity exercise for prolonged periods. Performance of such exercise depends on the functional state of the respiratory, cardiovascular, and skeletal muscle systems. More simply defined as the ability to produce energy. Your level of aerobic fitness determines how long and how hard you can exercise.

A2.4.1. Mode or Type of Activity. Improvements in aerobic fitness occur when the activity, at the proper frequency, duration and intensity, involves a large proportion of total muscle mass, maximizes use of large muscles, (*e.g.*, muscles around the thigh and hip), involves dynamic, rhythmic muscle contractions, and minimizes static (no movement) contraction and use of small muscles. Many modes of activity meet these requirements, to include cross-country (Nordic) skiing, running, cycling, swimming, skating, rowing, walking, aerobic dance, indoor aerobic exercise machines, and some sports *if* they are continuous in nature (soccer, basketball, court sports).

A2.4.2. Frequency, Duration, and Intensity. Accomplish moderately intense aerobic activity 30 minutes a day, five days a week *or* vigorously intense aerobic activity 20 minutes to 25 minutes a day, 3 days a week *and* muscle fitness exercise (see below), or an equivalent combination of moderately and vigorously intense aerobic activity. For additional and more extensive health

and fitness benefits, accomplish moderately intense aerobic activity 300 minutes (5 hours) a week, or accomplish vigorously intense aerobic activity 150 minutes a week, or an equivalent combination of moderately and vigorously intense aerobic activity. Generally, the minimal levels of exercise volume and intensity above are necessary to maintain health and fitness, while the higher levels are necessary to improve health and fitness.

A2.4.3. Intensity Determination. Moderately intense aerobic activity equates to continuous exercise that raises heart and respiratory rates, initiates sweating (varies with climate), and permits conversation; vigorously intense aerobic activity elicits higher physiological responses and permits light or broken conversation.

A2.4.3.1. Heart Rate Calculations. Exercise intensity may be measured objectively via heart rate (HR) formulas.

A2.4.3.1.1. Maximal HR Formula. Aerobic activity corresponding to HRs in the range of 60% - 90% of age specific estimated maximal HR (220 – age in years).

A2.4.3.1.2. HR Range or HR Reserve Formula – steps are:

1. Calculate Maximal HR by subtracting age in years from 220. Max HR = 220 – age.
2. Measure Resting HR for three to four days shortly after waking for a 60 second period, while in the same body position each day. Take an average of the measures.
3. Calculate HR Range. HR Range = Maximal HR – Resting HR.
4. Calculate minimum, optimal (target), and do-not-exceed (safety) exercise HRs:

   - Minimum exercise HR = (50% HR Range) + Resting HR
   - Optimal exercise HR = (75% HR Range) + Resting HR
   - Do-not-exceed exercise HR = (85% HR Range) + Resting HR

For example, a 30 year old AF member with a Resting HR of 70 beats/min calculates Maximal HR as 220 – 30 = 190 beats/min and HR Range as 190 – 70 = 120. Applying the equations:

- Minimum exercise HR = 50% (120) + 70 = 60 + 70 = 130 beats/min
- Optimal exercise HR = 75% (120) + 70 = 90 + 70 = 160 beats/min
- Do-not-exceed exercise HR = 85% (120) + 70 = 102 + 70 = 172 beats/min

Therefore, this individual should keep exercise HR above 130 beats/min, but below 172 beats/min, targeting 160 beats/min for at least 20 minutes to 25 minutes 3 days/week. Unfit individuals should start at the lower end of the HR Range. As fitness level increases, the resting HR will decrease, therefore increase the intensity percentage from low (50%) towards optimal (75%). Also, base fitness personnel can help fine tune these calculations taking into account medications, risk of injury, and individual preferences and objectives.

A2.4.4. Rate of Progression. A physiological conditioning or training effect will occur at the onset of an exercise program, especially for individuals with low initial fitness levels. Adjustments in mode, frequency, duration and intensity may be necessary to reach higher levels of health and fitness. Patience and perseverance are critical to maintain an active lifestyle and effective exercise program because many will start a physical activity program, but within the first two or three weeks of starting, quit and return to an inactive lifestyle. One *must* maintain regular activity for at least three or four weeks before tangible and lasting health improvements, including body fat loss, will occur. To help ensure that increases in frequency, duration, and

especially intensity of activity occur in a *gradual* fashion, the following stages of progression are helpful to avoid injury, illness, and potential discouragement.

Initial Stage

- Include low-level aerobic activities and light muscular endurance exercises for minimal muscle soreness or discomfort. Do not be aggressive in this stage.
- Set individual goals which are achievable and realistic; include a system of personal rewards.
- Majority of failures occur in this stage – persevere to experience benefits.

Improvement Stage

- Progress more rapidly here at a higher intensity, steadily increase duration to 45 minutes of continuous exercise. Increase frequency as adaptation to exercise permits.

Maintenance Stage

- After six months of regular activity, focus on maintenance. Review goals ensuring that long-term focus is on a lifestyle approach to activity, remembering that considerable health benefits come from regular participation in moderate exercise.

STAGES of PROGRESSION TABLE for HEALTHY INDIVIDUALS, GENERAL GUIDANCE

Program Phase	Week	Frequency (sessions/wk)	Duration (minutes)	Intensity (%HR Range)
Initial Stage	1	3	12	40-50
	2	3	14	50
	3	3	16	60
	4	3	18	60-70
	5	3	20	60-70
Improvement Stage	6-9	3-4	21	70-80
	10-13	3-4	24	70-80
	14-16	3-4	24	70-80
	17-19	4-5	28	70-80
	20-23	4-5	30	70-80
	24-27	4-5	30	70-85
Maintenance Stage	28+	3	30-45	70-85

A2.5. Muscular Fitness. A linked term for muscular strength, the maximum force generated by a specific muscle or muscle group, and muscular endurance, the ability of a muscle group to execute repeated contractions over a period of sufficient time duration to cause muscular fatigue. A balanced physical activity program should address the five health-related components of physical fitness, with primary emphasis on aerobic fitness, but muscular fitness is also important as inclusion of muscular fitness exercise provides several benefits:

- Develops muscular strength and endurance to enhance the ability to live a physically independent lifestyle, *i.e.*, improves daily functional living
- Increases and maintains fat-free (lean) mass, helping to maintain resting metabolic rate, which is beneficial for preventing fat gain
- Increases the strength and integrity of connective tissue
- Increases bone mineral density, preventing age-related bone deterioration
- Combats chronic low back problems
- Improves the ability of the muscles to recover from physical activity

- Provides injury protection during deployment, daily work, and sports and recreational activities
- Alleviates some common musculoskeletal complaints which result in lost duty time and medical treatment costs
- May provide modest gains in cardiorespiratory fitness
- May improve mood and self-image

A2.5.1. Overload, Mode, and Pattern. Development of muscular strength and muscular endurance occurs by placing an overload on a muscle or muscle groups. Through adaptation the muscles become stronger or better able to sustain muscular activity. This process of overloading the muscular system is referred to as resistance training which includes, but is not limited to calisthenics, weight training, and field exercises. This training should focus not only on the core, lower and upper regions of the body, but also on primary movement patterns (in priority order) of run, bend, twist, squat, pull, push. Resistance training should also be individualized, *i.e.*, specifically designed to meet one's needs, and progressive in nature by including periodic increases in workload as muscular fitness improves; physiological adaptations to properly executed resistance training include both neuromuscular adaptations (occurs in the first several weeks of a muscle fitness program) and muscle cell adaptations (occurs later).

A2.5.2. Volume and Intensity. ACSM, AHA, and CDC recommend accomplishing 8 to 10 resistance training exercises involving all major muscle groups, at least twice per week. They recommend one set of 8 to 12 repetitions of each exercise performed at moderate or high intensity to muscular fatigue. Multiple-set regimens may provide greater benefits as time permits.

A2.5.3. Procedures and Safety. The following resistance training procedures work in conjunction with the above recommendations for general fitness:

Control - Training activities should be rhythmic, performed at a controlled speed, and not interfere with normal breathing.

Order of Execution – Do not work the same muscle group with consecutive exercises. Rather, work the major areas of the body at one time, *i.e*., core, lower, then upper, *etc*., with occasional mixing of exercises within major areas to maintain variety and prevent staleness in the workout routine. Also, start with exercises of greatest priority and follow with exercises of lesser importance.

Range of Motion (ROM) – Conduct exercises over the joint's full ROM in a controlled manner, however, limit the ROM on leg extensions (approximately 20 degrees to approximately 60 degrees of motion) to protect the knee joint.

Rest Time - Keep rest time between exercises (and between sets if use multiple sets) as brief as possible, approximately one-to-one or one-to-two work: rest ratio for strength, shorter rest for endurance, and longer rest and higher resistance for power. Avoid long, time wasting breaks which results in better fitness, a more efficient workout, and increases the likelihood for retaining resistance training as a lifestyle behavior.

Safety - Perform a proper warm-up, work antagonistic (opposite) muscle groups, and use a spotter if using free weights.

A2.5.4. Calisthenic Specific Training. Calisthenics are body resistance exercises to improve muscular fitness, *e.g.*, sit-ups, push-ups, and pull-ups. One of several means of physical training

with these and other callisthenic exercises is a basic set procedure that provides a fairly objective means for controlling an individual exercise prescription. The goal of this procedure is to accomplish 33% of a one test (one set) maximum in a three set pattern on a controlled one minute cycle. First, determine the current maximum number of repetitions of the exercise in a one minute period (*i.e.*, use the most current AF Fitness Assessment result). Secondly, take 33% of that total number for the amount of repetitions to perform for each of the three sets. Rest between sets is on the minute cycle, *i.e.*, perform the first set of repetitions, rest for the remainder of one minute, then start the next set at the 60 second cumulative time mark, and start the third set at the cumulative 120 second mark. Perform the three sets of exercise once per day starting at two to three days per week building to a maximum of six days per week. For example, an individual with a sit-up test maximum of 44 repetitions will perform three sets of 15 repetitions per set on the minute cycle: 15 repetitions – rest remainder of the first minute, 15 repetitions – rest remainder of second minute, 15 repetitions. Over time add repetitions to each set as the last few repetitions of the third set become easier.

A2.6. Flexibility. The maximum ability to move a joint freely, without pain, through a range of motion. Flexibility tends to decrease with age, primarily due to the decrease in activity associated with age. Although flexibility is not assessed during the AF Fitness Assessment, no single test can be generalized to evaluate total body flexibility, it is important to health and functional living and should be part of a well balanced physical activity routine.

A2.6.1. Timing and Guidelines. Despite the popular perception that stretching *prior to* exercise enhances performance and prevents injury, little scientific evidence exists to support such long-held beliefs. Rather, engage in a gradual, activity-specific warm-up that includes the movement patterns of planned activity, *e.g.*, if running for the workout then warm-up with brisk walking, jogging, and dynamic movements or drills such as leg swings and knee raises. To help maintain flexibility one should stretch after a workout when muscles, tendons, ligaments and connective tissue are warmer (above normal body temperature). Static stretch according to the following ACSM guidelines:

Type: static stretch, with a major emphasis on the major muscle groups to include the low back, hips, quadriceps and hamstrings (front and back of thigh), lower leg. Do not ballistic (bounce) stretch.

Frequency: two to three days per week

Duration: 10 to 30 seconds for each stretch

Intensity: to a position of mild discomfort, not to point of pain

Repetitions: three to four for each stretch

Again, first increase body temperature, don't "cold" stretch. Finally, avoid comparing one's level of flexibility to others as it varies widely across individuals due to several factors that include gender, age, activity level, temperature, and extensibility of the muscles and tendons surrounding the joints.

A2.6.2. Warm-up and Cool-down. Although frequently ignored, these activities before and after an exercise session are important. Warm-up should be conducted as above (activity specific movements and dynamic drills) and always precede physical activity to increase body temperature and blood flow and to guard against muscle, tendon and ligament strains and tears.

Cool-down, as important as the warm-up, is a gradual reduction in activity to prevent blood pooling, hasten recovery and avoid injury.

A2.6.3. Stability and Mobility. These are terms recently combined with flexibility in this final health-related component to designate a broader term that encompasses the role of stability and mobility in posture, occupational functional movement, and daily functional living. Stability deals with maintaining non-movement functional positions, including postural stability. Stability ranges from shoulder to ankle with shoulder, core and hip stability as primary. Mobility, similar to stability, is stable, controlled, functional movement through an active range of motion in the various planes of motion.

A2.7. General Workout Session. The salient phases of a recommended general workout session address the above components in the following order:

Movement Preparatory Phase (Warm-Up)

- Body temperature increase via activity specific warm-up
- Dynamic activity drills

Cardiorespiratory Endurance (Aerobic) Phase

- Aerobic activity such as cross-country skiing, running, cycling, swimming, skating, rowing, walking, aerobic dance, indoor aerobic exercise machines (*e.g.*, cycle ergometer, elliptical, rower, versa climber, stair), and some sports *if* they are continuous in nature

Muscle Fitness Phase

- Resistance training such as calisthenics, weight/object training (*e.g*., machines, free weights, medicine balls, kettle bells, bands, cables, ropes), plyometrics, and field exercises
- Movement Patterns – run, bend, twist, squat, pull, push
- Body Regions – core, lower, whole body, upper
- Stability and Mobility/Functional Movement

Combined Activity Phase

- Combined aerobic and muscular fitness actions, *e.g.*, rotations, or running between muscle fitness stations

Skill Phase

- Occupational or sport specific skill development/practice as desired

Movement Transition/Cessation Phase (Cool-Down)

- Activity specific cool-down
- Flexibility - static stretching

A2.8. Body Composition. Relative portion of the body comprised of fat and fat-free tissue. Body weight and body fat are related to health status, but misconceptions exist regarding body measurements and application of results. In the prevention of fat gain and associated diseases the focus must go beyond body weight measures to relative body fat, and body fat distribution.

A2.8.1. Weight and Height. Measurements of weight and weight relative to height (scale readings, height-weight tables, BMI) do not differentiate between fat and fat-free tissue, and do not account for fat distribution pattern.

A2.8.2. Relative Body Fat and Body Fat Distribution. The amount of total body tissue that is fat and where fat is deposited or carried on the body is necessary to complete a body composition assessment. This is done via “non-scale” measurements.

A2.8.2.1. Percent Body Fat. Total body fat relative to body mass is known as percent body fat. Average and at risk levels are 15% and 25% for males, 23% and 32% for females, respectively.

A2.8.2.2. Abdominal Circumference. Increased health risks associated with overfat are not only related to total body fat, but also and more closely to fat distribution. Upper body or trunk fat, specifically abdominal fat, presents the greatest health risk; it is highly linked to cardiovascular diseases and metabolic disorders such as type II diabetes. Reducing abdominal girth or circumference is more important than normalizing body weight since exercise induced increases in muscle mass can mask reductions in girth, i.e., with proper exercise body weight may stay the same or even increase, but “belt size” will reduce. Therefore, as abdominal fat is an independent risk factor for disease, the evaluation of AC is used. A high risk of current and future disease exists for males with an AC > 39 inches and for females with an AC > 35.5 inches regardless of age or height. The health risk is moderate for males with an AC > 35 inches and for females with an AC > 31.5 inches.

NOTE: The above guidelines are recommendations for a member to increase or maintain fitness. EP/FPMs will determine whether adjustments in mode, intensity, duration, frequency or repetitions are required based on the member’s exercise regimen, characteristics, and FA scores to improve fitness. Members who are over age 35 years and are sedentary and members who are initiating a fitness program should contact their fitness center or HAWC for assistance in developing an exercise routine. Members who are over age 35 years and are sedentary should also consider contact their medical care provider prior to initiating physical activity. ARC members can consult HAWCs and fitness center trainers where available. Members are highly encouraged to seek professional advice from personal fitness trainers, FCs, or HAWCs for assistance in establishing or adjusting their personal fitness program.

Attachment 3

SAMPLE UNIT PHYSICAL FITNESS PROGRAMS

A3.1. Ability-based training/fitness screening.

A3.1.1. Commanders should use trained PTLs to establish unit programs that allow members to participate at their current fitness level and progress gradually. A safe conditioning program encourages and supports members training at their own pace.

A3.1.1.1. PTLs consult the EP/FPM to assist with development of ability-based training programs.

A3.1.2. Commanders opting to implement maximal exertion activities (e.g. practice timed assessments), should require personnel to complete a FSQ (**Attachment 4**).

A3.2. Considerations to be made prior to beginning the unit physical fitness event:

A3.2.1. Safety/environmental conditions.

A3.2.2. Acclimatization: individuals who have recently PCS'd may require a 6-week period of acclimatization to local environmental conditions.

A3.2.3. Fluids/hydration: must be available during the exercise event/activity.

A3.2.4. Emergencies/injuries: establish emergency procedures to include availability of a cell phone, emergency responder contact information, BLS-trained members, and first aid kit.

A3.2.5. Safety: reflective vests, appointment of safety monitors/cross guards, and cones/signs on course as appropriate.

A3.2.6. Unit Physical Fitness Programs must follow guidelines as specified in **Attachment 2**.

A3.2.6.1. Individual abilities should be considered so that all members are provided a workout that is within their current fitness status.

A3.2.7. Warm-up and cool-down periods should be accomplished with each unit physical fitness event.

A3.3. PTL-developed, ability-based Unit Physical Training Programs.

A3.3.1. Ability runs. Prior to the unit exercise session, divide the unit into groups based upon the members' running paces.

A3.3.1.1. A leader capable of maintaining the assigned pace for the group should be assigned to each group to monitor for safety/injuries of group members.

A3.3.1.2. For safety purposes, prior to the exercise session, determine the distance/course to be covered and/or the time in which to run and mark the course to alert others of group PT.

A3.3.1.3. As a variation, the unit may run together for a specified short duration (at a pace that can be achieved by all participants) and then divide into the assigned ability groups for the remainder of the event.

A3.3.1.4. As members' fitness levels increase, they should be placed in faster running groups.

A3.3.1.5. Discourage formation running and cadence calls while running. Doing so may place member at risk for injury for the shortest and tallest individuals since cadence calling forces all

to move at the speed and stride length of the caller. Running is more efficient when each member can run at his/her own stride frequency and stride length. If desired, cadence calls should be used for short-distance foot marches only.

A3.3.2. Multi-station training courses (e.g., obstacle courses, par courses, and circuit training).

A3.3.2.1. Prior to using course, discuss safety and fitness concepts of course with the EP/FPM.

A3.3.2.2. Consider individual abilities by permitting members to progress through course at their own speed. Those members who complete course in faster times should be encouraged to complete additional components of course a second time until all members are through the course at least once.

A3.3.2.3. Multi-station training can be accomplished at base fitness facilities using exercise/fitness equipment or at a designated outdoor area performing activities of both cardiovascular and muscular fitness.

A3.3.2.3.1. Coordinate with fitness facilities in order to conduct multi-station training sessions at times conducive to unit, as well as, fitness facility.

A3.3.2.3.2. Coordinate with EP/FPM to obtain multi-station training programs appropriate to the fitness site.

A3.3.3. Fitness facilities/existing fitness programs/classes.

A3.3.3.1. Coordinate with fitness facilities for group PT exercise sessions and fitness classes.

A3.3.3.2. Individual members should complete continuous aerobic exercise of their choice (e.g. treadmill, rower, stair-climber, cross trainers, bicycles, swimming and spinning classes). Recommend 25-45 minutes in duration.

A3.4. Prevention of Injury and Illness.

A3.4.1. Safety must be an overarching concern throughout all physical training. Consider individual safety issues such as medical or physical limitations and level of ability.

A3.4.2. Ensure a safe environment for training IAW local policy (e.g., assessing traffic patterns, use of headphones or other personal equipment, temperature, availability of water/first aid, and awareness of emergency procedures).

A3.4.2.1. Physical conditioning conducted in PT uniform (shorts and t-shirt) may be performed continuously up to 1 hour in all but “black flag” heat condition (90 degrees Fahrenheit and above). Recommend limiting fitness activities during “black flag” heat conditions to indoor activities.

A3.4.3. For cold weather limitations consult tables A.4.1 and A4.2 in AFPAM 48-151, *Thermal Injury*.

NOTE: ARC unit PT programs are at the discretion of the unit CC based on mission needs and duty time available for training.

Attachment 4

FITNESS SCREENING QUESTIONNAIRE

You are being asked these questions for your safety and health. The AF Fitness Assessment is a maximum-effort test. Airmen who have not been exercising regularly and/or have other risk factors for a heart attack (increasing age, smoking, diabetes, high blood pressure, etc.) are at increased risk of injury or death during the test. Answering these questions honestly is in your best interest.

1. Have you experienced any of the symptoms/problems listed below and not been medically evaluated and cleared for unrestricted participation in a physical training program?

   - Unexplained chest discomfort with or without exertion
   - Unusual or unexplained shortness of breath
   - Dizziness, fainting, or blackouts associated with exertion
   - Other medical problems that may prevent you from safely participating in this test

     - Yes: Stop. Notify your UFPM and contact your PCP/MLO for evaluation/ recommendations (or for ARC, contact the MLO for Duty Limiting Conditions (DLC) documentation and referral to PCP).
     - No: Proceed to next question.

2. Are you 35 years of age or older?

   - Yes: Proceed to next question.
   - No: Stop. Sign form and return to your UFPM. Member may take the fitness assessment.

3. Have you engaged in vigorous physical activity (i.e., activity causing sweating and moderate to marked increases in breathing and heart rate) averaging at least 30 minutes per session, 3 days per week, over the last 2 months?

   - Yes: Stop. Sign form and return to your UFPM. Member may take the fitness assessment.
   - No: Proceed to the next question.

4. Do one (1) or more of the following risk factors apply to you?

     - Smoked tobacco products in the last 30 days
     - Diabetes
     - High blood pressure that is not controlled
     - High cholesterol that is not controlled
     - Family history of heart disease (developed in father/brother before age 55 or mother/sister before age 65)
     - Age > 45 years for males; > 55 years for females

   - Yes: Stop. Notify UFPM.

     - RegAF: If member was cleared for entry into a fitness program at their last PHA and their PHA is current, the member will take the fitness assessment. If not

cleared, member will be referred to PCM for evaluation, and, if medically cleared for unrestricted fitness program, the member will take the fitness assessment.

- AFR: If member was cleared for entry into a fitness program at a PHA within the last 12 months, the member will take the fitness assessment. If not previously cleared, member will be referred to PCP for evaluation, and, if medically cleared for unrestricted fitness program, the member will take the fitness assessment. Refer to MLO if there is any combination of smoking, diabetes, uncontrolled high blood pressure, and/or uncontrolled high cholesterol. MLO will update medical records and/or initiate DLC documentation. Member begins a one-time 90-day Fitness Assessment Deferral and is provided Fitness Assessment Deferral Guidance (**Attachment 5**).

- ANG: Member begins a one-time 90-day Fitness Assessment Deferral and is provided Fitness Assessment Deferral Guidance (**Attachment 5**). Refer to MLO if there is any combination of smoking, diabetes, uncontrolled high blood pressure, and/or uncontrolled high cholesterol. MLO will update medical records and/or initiate DLC documentation.

- No: Stop. Sign form and return to your UFPM. Member may take the fitness assessment.

If member experiences any of the symptoms listed in Question #1 during the fitness assessment, they should stop the test immediately and seek medical attention immediately.

Signature: _____ Date: _____
Printed Name: _____ Rank: _____
Duty Phone: _____ Office Symbol: _____

Authority: 10 USC 8013. Routine Use: This information is not disclosed outside DoD. Disclosure is Mandatory. Failure to provide this information may result in either administrative discharge or punishment under the UCMJ.

Attachment 5

ARC FITNESS ASSESSMENT DEFERRAL GUIDANCE

The AF Fitness Assessment (FA) is a maximum-effort exercise test. Airmen who have not been exercising regularly and/or have risk factors for a heart attack (increasing age, smoking, diabetes, high blood pressure, etc.) are at increased risk of injury or death during the test. You answered the questionnaire and identified yourself to be in the high risk category. The following information and/or actions are <u>strongly recommended</u> before attempting to participate in the AF Fitness Assessment after this one-time 90-day deferral:

1. Contact your PCP (Personal Care Provider) for evaluation of your risk factors, medical treatment (if necessary), for dietary guidance, and (if appropriate) for an exercise prescription.
2. It is also recommended that you review the Healthy Living Program via the links in AFFMS (Air Force Fitness Management System) site accessible on the AF Portal.
3. If you wish to take the 1.5-mile run fitness test, request written documentation from your PCP regarding evaluation results and clearance to perform the 1.5-mile run. Without this documentation, you should understand that you will take the 1.0-mile walk as the aerobic component of the FA (unless a PCP has exempted you from the aerobic component of the FA).
4. You must present written PCP clearance if desiring to take the 1.5-mile run AND any required medical documentation regarding unexplained symptoms or potential duty limiting conditions along with ARC Fitness Deferral Follow-up Questionnaire (**Attachment 6**) to your Medical Liaison Officer (MLO) before you will be allowed to perform AF FA. MLO will review documentation and indicate if member meets the requirements for the 1.5-mile run, the 1.0-mile walk or remains exempt from the aerobic or other portion of the AF FA.
5. If MLO documents you meet requirements for the AF FA, you must report back to the UFPM for scheduling fitness assessment prior to the end of the 90-day deferral period.
6. If, after this 90-day deferral, you continue to report a sedentary lifestyle, and modifiable risk factors (smoking, diabetes, uncontrolled hypertension or uncontrolled high cholesterol) remain then you remain at risk for illness or injury during the 1.5-mile run or 1.0-mile walk. You will NOT take either aerobic test (run or walk) and an "Unsatisfactory" score will be documented for your FA.
7. If a medical condition is present that constitutes a "duty limiting" or "deployment limiting" condition which requires exemption from any portion of the AF FA fails to resolve after 12 months, a World Wide Duty evaluation will be initiated IAW AFI 48-123.

Member's Signature: _____ Date: _____
Printed Name: _____ Rank: _____
Duty Phone: _____ Office Symbol: _____

Attachment 6

ARC FITNESS DEFERRAL FOLLOW UP QUESTIONNAIRE

You are being asked these questions for your safety and health. The AF Fitness Assessment is a maximum-effort test. Airmen who have not been exercising regularly and/or have risk factors for a heart attack (increasing age, smoking, diabetes, high blood pressure, etc.) are at increased risk of injury or death during the test. Answering these questions honestly is in the best interest of your health and safety.

1. Do you have any of the following?

- Chest discomfort with exertion
- Unusual shortness of breath
- Dizziness, fainting, blackouts
- Other medical problems preventing you from safely participating in this test

    - Yes: Stop. Notify your UFPM and contact your MLO for evaluation/recommendations.
    - No: Proceed to next question.

2. Have you engaged in vigorous physical activity (i.e., activity causing sweating and moderate to marked increases in breathing and heart rate) averaging at least 30 minutes per session, 3 days per week, over the last 2 months?

- Yes: Member may take the 1-mile walk fitness assessment. Initial below if requesting to perform the 1.5-mile run:

  _____I do not smoke, have diabetes, uncontrolled high blood pressure or uncontrolled high cholesterol. I wish to perform 1.5-mile run and have provided the necessary medical evaluation/clearance from my Personal Care Provider (**Attachments 10 & 11**). Sign form, obtain MLO signature below and return to your UFPM for testing.

- No: Stop, Fitness Assessment NOT authorized. Initial below, sign form and return to UFPM for documentation.

  _____ I understand I will receive an "Unsatisfactory" score on my Fitness Assessment. I understand that further deferrals are not authorized.

Member's Signature: _____ Date: _____
Printed Name: _____ Rank: _____
Duty Phone: _____ Office Symbol: _____

Medical Liaison Officer:

Based on the medical documentation provided by the member from their PCP, the member:

_____ (is/is not) medically cleared for the maximal effort 1.5-mile run.
_____ (is/is not) medically cleared for the maximal effort 1.0-mile walk.
_____ (is/is not) medically cleared for push-ups.
_____ (is/ is not) medically cleared for sit-ups.
_____ (is/is not) medically cleared for participation in all unit physical conditioning programs.
(Note: If member is not cleared for unit physical conditioning, describe exercise limitations).

MLO Name/Signature: _____ Date: _____
Duty Phone: _____

Attachment 7

MUSCLE FITNESS ASSESSMENT PROCEDURES

A7.1. Push-up Assessment Procedures.

A7.1.1. Purpose. The push-up is used to assess the member's upper body muscular fitness.

A7.1.2. Assessment Duration. Members have 1 minute to complete as many push-ups as possible.

A7.1.3. Assessment Explanation. The test assessor (FAC member or PTL) will read the push-up script to the member (A7.1.10.)

A7.1.4. Starting Position. The member will begin in the starting position, with arms fully extended and the body in a straight line from head to heel. The feet may be no more than 12 inches apart. The member may rest in the up position only. The body should maintain a rigid form from head to heel (the body may not bow unless resting in the up position). The feet may not be supported or braced.

A7.1.5. Complete Push-up. From the starting position (elbows extended), the member will lower the body to the ground until the upper arm is at least parallel to the floor (elbow bent at least 90 degrees or less) before pushing back up to the starting position (the chest may touch but not rest on or bounce off the floor). The member completes one full push-up after returning to the starting position with elbows fully extended. It is important to monitor the member's form and make sure the body does not bow at the waist as the member tires. The body must remain rigid during the assessment (the back must remain straight unless resting). Incorrect push-ups (e.g., member does not lower body until upper arm is at least parallel to the floor, member does not fully extend elbows when returning to starting position, body bows at the waist, etc…) will not be counted. If an incorrect push-up is performed, assessor will repeat the number of the last correct push-up and explain what is being done incorrectly. Member may rest in the up position only. If member rests in the down position with their body on the ground, the push-up component of the test will be terminated.

A7.1.6. Stopwatch. The test assessor is responsible for operating the stopwatch. The assessor will start the stopwatch when the member(s) is/are instructed to begin, observe the assessment and notify the member how much time is remaining at 30 seconds and 15 seconds. Prior to beginning the assessment the assessor will inform the members to continue to perform push-ups until directed to stop or until the member is no longer able to continue.

A7.1.7. Counting/Monitoring. The assessor or another member paired to accomplish muscle fitness components will monitor and count the correct number of push-ups. However, if members are paired off for the assessment, the assessor should oversee and spot-check technique to ensure accurate and safe assessment. The counter/monitor will count the correct number of push-ups out loud, monitor the member for correct form and repeat the number of the last correct push-up. If the member breaks correct form, the monitor repeats the last correct number (*e.g.*, one, two, three, <u>three</u>, four, etc.), as well as gives instruction on what was done incorrectly (e.g., you are not extending your elbows fully, keep your back straight, etc.). Monitor the member from a position that allows observance of the member's form and the elbow joint.

A7.1.8. Assessor will provide directions for and monitoring of the muscular FA components IAW **para A7.1.10 and para A7.2.10.** FAC personnel will demonstrate proper push-ups and sit-ups prior to administering the FA IAW **para 1.20.1.3**.

A7.1.9. Completion/Recording. Upon completion of the assessment, record the total number of correct push-ups.

A7.1.10. Push-Up Verbal Instructions. Test Administrator should state:

The push-up is an assessment of muscular fitness for the upper body (shoulder, chest, and triceps).

Your hands will be placed on the floor, slightly wider than shoulder width apart.

You must lower your upper body until your upper arm is at least parallel to the floor and elbows bent at 90 degrees before pushing back up to the starting position. If you do not come down that far the push-up will not count.

Start in the up position with your elbows fully extended, feet no more than 12 inches apart, and your weight supported by your arms and toes. You must keep your back straight at all times and lower your upper body until your upper arm is at least parallel to the floor, then return to the up position with arms fully extended. This is one repetition.

Resting must be done in the **UP** position. If you rest in the down position, this component of the test will be terminated.

Your breathing should be as normal as possible. Make sure you do not hold your breath.

You have **1 minute** to perform as many push-ups as you are able. The **correct** number of push-ups will be counted out loud. Incorrect push-ups will not be counted, and the number of the last correct push-up will be repeated. You will be told what you're doing wrong until you correct the error. The total number of correct push-ups in 1 minute will be recorded as your score.

A7.2. Sit-up Assessment Procedures.

A7.2.1. Purpose. The sit-up component is used to assess a member's muscular fitness.

A7.2.2. Assessment Duration. The member will have 1 minute to complete as many sit-ups as possible.

A7.2.3. Assessment Explanation. The sit-up instructions (A7.2.10.) will be read to the member prior to the assessment.

A7.2.4. Starting Position. The use of a mat is optional. The member will be instructed to lie face up on the floor/mat. In the starting position, the member's feet may extend off the mat, but the buttocks, shoulders, and head must not extend beyond the mat. The member's knees will be bent at a 90 degree angle, with the feet or heels in contact with the floor at all times. The member's arms will be crossed over the chest with the hands at the shoulders or resting on the upper chest.

A7.2.5. Foot Hold. The member's heels must remain anchored to the floor throughout the assessment. The member may request to have their feet held down with the hands or by putting knees on feet but the monitor may not anchor the member's legs by holding onto the calves during the assessment. Enough force must be applied to keep the feet/ankles from rising while the sit-ups are being accomplished. In place of a monitor holding the feet, an anchored toe-hold bar may be used to anchor the feet so long as the member's heels remain in contact with the ground at all times and the bar cannot move.

A7.2.6. Complete Sit-up. A complete sit-up is accomplished when the upper torso of the member is raised off the floor/mat, the elbows touch the knees or thighs, and the upper torso is lowered back to the floor/mat until the shoulder blades touch the floor/mat. **Elbows must touch the knees or thighs at the top of the sit-up, and the shoulder blades must touch the floor/mat at the bottom of the sit-up**. **The hands must stay in contact with the shoulders/upper chest at all times**. Incorrect sit-ups (e.g., elbows do not touch the knees or thighs at the top of the sit-up, shoulder blades do not touch the floor/mat at the bottom of the sit-up, hands do not stay in contact with the shoulders/upper chest at all times, etc.) will not be counted. If an incorrect sit-up is performed, assessor will repeat the number of the last correct sit-up and explain what is being done incorrectly. The member may only rest in the up position. If the member rests in the down position or holds onto their knees/legs while in the up position, the sit-up component of the assessment will be terminated.

A7.2.7. Stopwatch. The assessor is responsible for operating the stopwatch. The assessor will start the stopwatch when the member(s) is/are instructed to begin, observe the assessment and notify the member how much time is remaining at 30 seconds and 15 seconds. Prior to beginning the assessment the assessor will inform the members to continue to perform sit-ups until directed to stop or until the member is no longer able to continue.

A7.2.8. Counting/Monitoring. The assessor or another member paired to accomplish muscle fitness components will monitor and count the correct number of sit-ups. However, if members are paired off for the assessment, the assessor should oversee and spot-check technique to ensure accurate and safe assessment. The counter/monitor will count the correct number of sit-ups out loud, monitor the member for correct form and repeat the number of the last correct sit-up if the member breaks correct form (*e.g.*, one, two, three, <u>three</u>, four, etc.). In addition to repeating the last correct number, give the member instruction on what is wrong (e.g., you're shoulder blades are not touching the mat/floor, keep your hands on your shoulders or chest, etc.). Monitor the member from a position that allows observance to ensure the shoulder blades touch the floor and elbows touch the knees or thighs.

A7.2.9. Completion/Recording: upon completion of the assessment, record the total number of correct sit-ups.

A7.2.10. Sit-up Verbal Instructions. Test Administrator should state:

This is a muscular fitness assessment. Please lie on your back with your heels flat on the floor, knees bent at a 90 degree angle, and your arms *crossed* in front of the chest such that your hands/fingers remain in contact with your shoulders or chest.

If a toe hold bar is used: Anchor your feet to the ground by hooking your feet/toes under the bar. Your heels may not rise off the ground while you perform the assessment. **If a toe hold bar is NOT used**: Your feet will be held down with your monitor's hands or knees. Your legs may

not be held behind your calves. Let your monitor know if you need your feet held differently prior to beginning the assessment (*e.g.,*"You're holding my ankles/feet too tight or not enough.").

Your hips must remain on the floor at all times (do not lift your hips off the floor to gain momentum). Your shoulder blades **must** touch the floor between each repetition. In the up position, you will touch your elbows to your knees or thighs and return down until your shoulder blades touch the floor (your hands must stay in contact with your shoulders/chest at all times). This will count as one sit-up.

Your breathing should be as normal as possible. Make sure you do not hold your breath.

You have **1 minute** to perform as many **correct** sit-ups as possible. ***Any resting must be done in the UP position***. If you rest in the down position with shoulder blades touching the floor or if you hold your knees/legs while resting in the up position, this component of the test will be terminated.

The **correct** number of sit-ups will be counted out loud. **Incorrect** sit-ups **will not** be counted and the number of last correct sit-up will be repeated and you will be told what you're doing wrong until you correct the error. Your score will be the total number of correct sit-ups completed in 1 minute.

Attachment 8

1.5-MILE RUN AND 1.0-MILE WALK COURSE REQUIREMENTS

A8.1. Course Requirements for 1.5-mile timed run (2640 yards/2414 meters) and 1.0-mile timed walk (1760 yards/1609 meters).

A8.1.1. Establish a standard course of accurate distance that is as level and even as possible.

A8.1.1.1. If a typical 6-lap track is used:

A8.1.1.1.1. For a 1.5-mile timed run, it should be 440 yards per lap; or 6 laps on a 400-meter track plus an additional 46 feet for 1.5-miles.

A8.1.1.1.2. For a 1.0-mile timed walk, it should be 440 yards per lap; or 4 laps on a 400-meter track plus an additional 31 feet for 1.0-mile.

A8.1.1.2. Course should have limited exposure to traffic, should not have a continuous incline/decline or rolling hills; avoid slopes exceeding two degrees. If using a road course, where possible, start and finish should be at the same location.

A8.1.1.3. Clearly mark the start and finish lines (and half-way point for road courses).

A8.1.2. Trained personnel will monitor participants, ensuring all members complete entire course and are continuously observed for course completion, safety, counting laps if required and recording run times.

A8.1.3. Indoor track may be used during inclement weather.

A8.2. Evaluate course safety/environmental conditions to determine if assessment can be properly conducted.

A8.2.1. Snow: no snow accumulation on the running surface.

A8.2.2. Ice: no ice on the running surface that cannot be easily observed and avoided.

A8.2.3. Water: no standing water that a large group cannot easily avoid on the running surface.

A8.2.4. Mud: no mud on the running surface that cannot be easily avoided.

A8.2.5. Lightning: no lightning within 5 nautical miles (~6 miles) and wait at least 30 minutes after the last observed lightning.

A8.2.6. Rain: no significant rain. If assessing on a wet day (rain, mist or heavy dew), the temperature must be > 50 degrees F, including wind chill.

A8.2.7. Hail: no hail forecasted or reported within 25 miles.

A8.2.8. Shelter: establish a safe shelter procedure if there is any storm threat.

A8.2.9. Visibility: must be greater than ¾ mile if crossing or running beside vehicular traffic.

A8.2.10. Light: reflective belts/vests are required if running near traffic from 1 hour before sunset to 1 hour after sunrise.

A8.2.11. Intersections: crossing guards with reflective safety vests/lights must be positioned at all active intersections.

A8.2.12. Medical: establish a method of communication/access for emergency medical services (e.g. cell phone, hand-held radio, etc. to call 911). If AEDs are available, recommend having them on-site during all portions of FA.

Safety is the number one concern. If during or after the test, the member experiences unusual shortness of breath, chest pain, dizziness or lightheadedness, or any other unusual symptoms, please notify FAC or FA administrator immediately.

Consult with base environmental engineering, base weather, or civilian agencies to determine environmental conditions:

A8.2.13. Wind Speed: max wind allowed ≤ 15 mph sustained, ≤ 20 mph gusting.

A8.2.14. Cold Stress: air temperature should be > 32 degrees F with wind ≤ 10 MPH sustained, or air temperature > 40 degrees F with wind ≤ 15 mph sustained, ≤ 20 mph gusting.

A8.2.15. Heat Stress: Wet Bulb Globe Temperature (WBGT) should be < 85 degrees F; or Heat Index < 99 degrees when WBGT is not available.

Attachment 9

DOD WAIVER FROM BODY FAT METHODOLOGY

PERSONNEL AND READINESS

OFFICE OF THE UNDER SECRETARY OF DEFENSE
4000 DEFENSE PENTAGON
WASHINGTON, D.C. 20301-4000

APR 6 2009

MEMORANDUM FOR THE ASSISTANT SECRETARY OF THE AIR FORCE
(MANPOWER AND RESERVE AFFAIRS)

SUBJECT: Permanent Waiver of Body Fat Measurement Methodology in Department of Defense Instruction 1308.3, "Department of Defense Physical Fitness and Body Fat Procedures"

This responds to the request received from the office of Deputy Chief of Staff, Manpower, Personnel and Services regarding a permanent waiver of body fat measurement methodology. DoDI 1308.3 is currently being updated and the abdominal circumference methodology is being reviewed by DoD and the Joint Services Physical Fitness and Body Fat Working Group for inclusion in this instruction. If approved, this will be the DoD policy or the Department may allow for both types of measurements, allowing for Service discretion.

Your request for a permanent waiver of body fat measurement methodology in Department of Defense Instruction 1308.3, "Department of Defense Physical Fitness and Body Fat Procedures" is approved.

T. F. Hall

T. F. HALL
Performing the Duties of
the Under Secretary of Defense
(Personnel and Readiness)

Attachment 10

REGAF SAMPLE MEMORANDUM FOR MEDICAL CLEARANCE

(Appropriate Letterhead)

MEMORANDUM FOR MEDICAL PROVIDER (date)

FROM: (Unit Commander, UFPM, or EP/FPM)

SUBJECT: Medical Evaluation Appointment

Evaluate (rank, name) IAW AFI 36-2905, Fitness Program, for medical clearance to undergo fitness assessment and for possible enrollment in an exercise program. Upon completion of the medical record review or medical/evaluation, complete the endorsement below.

(Signature, originating official or designated representative)

1st Ind, (Medical Provider) (date)

TO: (Unit Commander)

I medically evaluated (rank, name) on (date).

Medical findings are as follows:

Member (is/is not) medically cleared to complete the entire standard Fitness Assessment. Fitness assessment restrictions are as follows:
Member (is/is not) medically cleared for participation in all unit physical conditioning programs.

NOTE: Members who are not cleared for FAs or unit PT for greater than 30 days will have AF Form 469 completed by the provider and be evaluated for fitness prescription and assessment recommendations (AF Form 422), as needed, by the EP/FPM.

(Signature/Rank/Phone Number of Provider)

Attachment 11

ARC SAMPLE MEMORANDUM FOR MEDICAL CLEARANCE

(Appropriate Letterhead)

MEMORANDUM FOR MEDICAL PROVIDER Date

FROM: (Unit Commander, UFPM, or EP/FPM)

SUBJECT: Medical Evaluation Appointment

Please evaluate (rank, name) IAW AFI 36-2905, *Fitness Program*, for medical clearance to undergo fitness assessment and for possible enrollment in an exercise program. Upon completion of the medical record review or medical evaluation, complete the endorsement below.

(Signature, originating official or designated representative)

1st Ind, (Medical Liaison Officer) (date)

TO: Medical Liaison Officer

I medically evaluated (rank, name) on (date).

Medical findings are as follows:

Member (is/is not) medically cleared for the maximal effort 1.5-mile run.

Member (is/is not) medically cleared for the maximal effort 1.0-mile walk.

Member (is/is not) medically cleared for push-ups.

Member (is/is not) medically cleared for sit-ups.

Member (is/is not) medically cleared for participation in all unit physical conditioning programs. (***Note****: if member is not cleared for unit physical conditioning, describe exercise limitations the member should follow.*)

(Signature/Phone Number of Personal Care Provider)

Attachment 12

SAMPLE MEMO FOR TDY/PME

(Appropriate Letterhead)

Date

MEMORANDUM FOR COMMANDANT/TDY COMMANDER

FROM: UNIT COMMANDER

SUBJECT: Fitness Intervention, Follow-up, and Assessment Requirements

1. (Rank, Name) received an Unsatisfactory fitness score on (date). He/she is enrolled in the Fitness Improvement Program:

2. This member must continue on the FIP while TDY. Please ensure enrollment in local programs.

3. The member must be reevaluated NLT (date).

(Signature, Unit Commander)

Attachment:

Individual Fitness Assessment Report
1st Ind, COMMANDANT/COMMANDER

MEMORANDUM FOR UNIT COMMANDER

1. (Rank, Name) did/did not enroll and participate in the required improvement programs.

2. An FA was accomplished on (assessment date) with a score of (composite fitness score).

(Commandant)

Attachment:

Individual FA Report

Attachment 13

MEDICATIONS AFFECTING AF FITNESS PROGRAM PARTICIPATION

This attachment lists medications that may preclude aerobic components in the FA. Before considering medications for a medical exemption, the underlying condition should be addressed as a potential reason for exemption. Chronic conditions that result in medical exemption from any aerobic components should be reviewed for possible MEB IAW AFI 48-123.

Any medication that affects the heart rate or the heart's response to exercise may invalidate aerobic components of the FA. Chronic medications should not be discontinued simply to allow the fitness assessment if this would adversely impact the member's health or safety. Over-the-counter (OTC) medications or "supplements" of any kind should not be a cause for exemption unless the OTC medications/supplements are specifically recommended by a provider and this recommendation is documented in the medical record. Members using acute, short-term medications that result in component exemptions should be given a temporary profile until the medication is no longer needed.

Table A.13. is not an all-inclusive list of all medications that could potentially affect FA participation. Furthermore, individual patient situations may require exemptions beyond what is detailed here. The member's provider shall not be constrained by this Table in making exemptions.

Table A13.1. Medications Affecting AF FA Participation.

Class or Specific Drug	Examples (generic names)	Effected Components	Comments
β-blockers: include ophthalmic preparations	Atenolol Metroprolol Timolol	Walk: Exempt. Decreases heart rate	Consider stopping if used for prophylaxis (e.g. migraines)
α- and β-adrenergic blocking agents	Carvedilol Labetalol	Walk: Exempt. Decreases heart rate	
α_1- adrenergic blocking agents	Doxazosin, Terazosin Prazosin	Walk: Exempt. Decreases heart rate	
Central α_2-agonists	Clonidine Guanfacine	Walk: Exempt. May decrease heart rate	
Nitrates	Isosorbide Dinitrate	Run/Walk: exempt until cleared by a cardiologist	
Calcium channel blockers (non-dihydropyridine)	Verapamil Diltiazem	Walk: Exempt. Decreases heart rate	

Calcium channel blockers (dihydropyridine)	Amlodipine Felodipine Nifedipine	No exemptions unless underlying condition warrants	minimal impact on heart rate
Digoxin		Run/Walk: exempt unless cleared by a cardiologist	Heart rate not significantly altered in patients with normal sinus rhythm
Direct Peripheral Vasodilators	Hydralazine Minoxidil	Walk: exempt Run: exempt until cleared by PCM	Should discontinue minoxidil one week before testing if used topically for hair growth
Antiarrhythmic agents (see above for β-blockers, non-dihydropyridine calcium channel blocker)	Procanamide Phenytoin Amioderone Sotalol Propafenone	Walk: exempt Run: exempt unless cleared by a cardiologist	
Sympathomimetic bronchodilators	Albuterol Salmeterol	Walk: May raise pulse. Exempt	Does not preclude taking 1.5-mile run component
Amphetamines and derivatives	Methylphenidate	Walk: May raise pulse. Exempt	Consider “drug holiday” for adult ADD patients the week prior to assessment
Thyroid replacement therapy		Walk/Run: exempt until cleared by PCM	
Phosphodiesterase inhibitors— All	Viagra, Cialis, Levitra	No exemption	Warn patient not to use within 72 hours of FA.

Attachment 14

FITNESS ASSESSMENT CHART – MALE: AGE: < 30

Cardiorespiratory Endurance			Body Composition			Muscle Fitness			
Run Time (mins:secs)	Health Risk Category	Points	AC (inches)	Health Risk Category	Points	Push-ups (reps/min)	Points	Sit-ups (reps/min)	Points
≤ 9:12	Low-Risk	60.0	≤ 32.5	Low-Risk	20.0	≥ 67	10.0	≥ 58	10.0
9:13 - 9:34	Low-Risk	59.7	33.0	Low-Risk	20.0	62	9.5	55	9.5
9:35 - 9:45	Low-Risk	59.3	33.5	Low-Risk	20.0	61	9.4	54	9.4
9:46 - 9:58	Low-Risk	58.9	34.0	Low-Risk	20.0	60	9.3	53	9.2
9:59 - 10:10	Low-Risk	58.5	34.5	Low-Risk	20.0	59	9.2	52	9.0
10:11 - 10:23	Low-Risk	57.9	35.0	Low-Risk	20.0	58	9.1	51	8.8
10:24 - 10:37	Low-Risk	57.3	35.5	Moderate Risk	17.6	57	9.0	50	8.7
10:38 - 10:51	Low-Risk	56.6	36.0	Moderate Risk	17.0	56	8.9	49	8.5
10:52 - 11:06	Low-Risk	55.7	36.5	Moderate Risk	16.4	55	8.8	48	8.3
11:07 - 11:22	Low-Risk	54.8	37.0	Moderate Risk	15.8	54	8.8	47	8.0
11:23 - 11:38	Low-Risk	53.7	37.5	Moderate Risk	15.1	53	8.7	46	7.5
11:39 - 11:56	Low-Risk	52.4	38.0	Moderate Risk	14.4	52	8.6	45	7.0
11:57 - 12:14	Low-Risk	50.9	38.5	Moderate Risk	13.5	51	8.5	44	6.5
12:15 - 12:33	Low-Risk	49.2	39.0 *	Moderate Risk	12.6	50	8.4	43	6.3
12:34 - 12:53	Moderate Risk	47.2	39.5	High Risk	11.7	49	8.3	42 *	6.0
12:54 - 13:14	Moderate Risk	44.9	40.0	High Risk	10.6	48	8.1	41	5.5
13:15 - 13:36 *	Moderate Risk	42.3	40.5	High Risk	9.4	47	8.0	40	5.0
13:37 - 14:00	High Risk	39.3	41.0	High Risk	8.2	46	7.8	39	4.5
14:01 - 14:25	High Risk	35.8	41.5	High Risk	6.8	45	7.7	38	4.0
14:26 - 14:52	High Risk	31.7	42.0	High Risk	5.3	44	7.5	37	3.5
14:53 - 15:20	High Risk	27.1	42.5	High Risk	3.7	43	7.3	36	3.3
15:21 - 15:50	High Risk	21.7	43.0	High Risk	1.9	42	7.2	35	3.0
15:51 - 16:22	High Risk	15.5	≥ 43.5	High Risk	0.0	41	7.0	34	2.5
16:23 - 16:57	High Risk	8.3				40	6.8	33	2.0
≥ 16:58	High Risk	0.0				39	6.5	32	1.5
						38	6.3	31	1.3
						37	6.0	30	1.0
						36	5.8	≤ 29	0.0
						35	5.5		
						34	5.3		
						33 *	5.0		
						32	4.8		
						31	4.5		
						30	4.3		
NOTES:						29	4.0		
Health Risk Category = low, moderate or high risk for current and future						28	3.8		
cardiovascular disease, diabetes, certain cancers, and other health problems						27	3.5		
						26	3.0		
Passing Requirements - member ***must*** : 1) meet minimum value in each of						25	2.8		
the four components, ***and*** 2) achieve a composite point total ≥ 75 points						24	2.5		
						23	2.3		
* Minimum Component Values						22	2.0		
Run time ≤ 13:36 mins:secs / Abd Circ ≤ 39.0 inches						21	1.8		
Push-ups ≥ 33 repetitions/one minute / Sit-ups ≥ 42 repetitions/one minute						20	1.7		
						19	1.5		
Composite Score Categories:						18	1.0		
Excellent ≥ 90.0 pts / Satisfactory = 75.0 - 89.9 / Unsatisfactory < 75.0						≤ 17	0.0		

FITNESS ASSESSMENT CHART – MALE: AGE: 30 - 39

Cardiorespiratory Endurance			Body Composition			Muscle Fitness			
Run Time (mins:secs)	Health Risk Category	Points	AC (inches)	Health Risk Category	Points	Push-ups (reps/min)	Points	Sit-ups (reps/min)	Points
≤ 9:34	Low-Risk	60.0	≤ 32.5	Low-Risk	20.0	≥ 57	10.0	≥ 54	10.0
9:35 - 9:58	Low-Risk	59.3	33.0	Low-Risk	20.0	52	9.5	51	9.5
9:59 - 10:10	Low-Risk	58.6	33.5	Low-Risk	20.0	51	9.4	50	9.4
10:11 - 10:23	Low-Risk	57.9	34.0	Low-Risk	20.0	50	9.3	49	9.2
10:24 - 10:37	Low-Risk	57.3	34.5	Low-Risk	20.0	49	9.2	48	9.0
10:38 - 10:51	Low-Risk	56.6	35.0	Low-Risk	20.0	48	9.2	47	8.8
10:52 - 11:06	Low-Risk	55.7	35.5	Moderate Risk	17.6	47	9.1	46	8.7
11:07 - 11:22	Low-Risk	54.8	36.0	Moderate Risk	17.0	46	9.0	45	8.5
11:23 - 11:38	Low-Risk	53.7	36.5	Moderate Risk	16.4	45	8.9	44	8.3
11:39 - 11:56	Low-Risk	52.4	37.0	Moderate Risk	15.8	44	8.8	43	8.0
11:57 - 12:14	Low-Risk	50.9	37.5	Moderate Risk	15.1	43	8.7	42	7.5
12:15 - 12:33	Low-Risk	49.2	38.0	Moderate Risk	14.4	42	8.6	41	7.0
12:34 - 12:53	Low-Risk	47.2	38.5	Moderate Risk	13.5	41	8.5	40	6.5
12:54 - 13:14	Moderate Risk	44.9	39.0 *	Moderate Risk	12.6	40	8.3	39 *	6.0
13:15 - 13:36	Moderate Risk	42.3	39.5	High Risk	11.7	39	8.0	38	5.8
13:37 - 14:00 *	Moderate Risk	39.3	40.0	High Risk	10.6	38	7.8	37	5.5
14:01 - 14:25	High Risk	35.8	40.5	High Risk	9.4	37	7.7	36	5.0
14:26 - 14:52	High Risk	31.7	41.0	High Risk	8.2	36	7.5	35	4.0
14:53 - 15:20	High Risk	27.1	41.5	High Risk	6.8	35	7.3	34	3.8
15:21 - 15:50	High Risk	21.7	42.0	High Risk	5.3	34	7.0	33	3.5
15:51 - 16:22	High Risk	15.5	42.5	High Risk	3.7	33	6.8	32	3.0
16:23 - 16:57	High Risk	8.3	43.0	High Risk	1.9	32	6.7	31	2.5
≥ 16:58	High Risk	0.0	≥ 43.5	High Risk	0.0	31	6.5	30	2.0
						30	6.0	29	1.8
						29	5.5	28	1.5
						28	5.3	27	1.3
						27 *	5.0	26	1.0
						26	4.8	≤ 25	0.0
						25	4.5		
NOTES:						24	4.0		
Health Risk Category = low, moderate or high risk for current and future						23	3.8		
cardiovascular disease, diabetes, certain cancers, and other health problems						22	3.7		
						21	3.5		
Passing Requirements - member ***must*** : 1) meet minimum value in each of						20	3.0		
the four components, ***and*** 2) achieve a composite point total ≥ 75 points						19	2.5		
						18	2.3		
* Minimum Component Values						17	2.0		
Run time ≤ 14:00 mins:secs / Abd Circ ≤ 39.0 inches						16	1.8		
Push-ups ≥ 27 repetitions/one minute / Sit-ups ≥ 39 repetitions/one minute						15	1.5		
						14	1.3		
Composite Score Categories:						13	1.0		
Excellent ≥ 90.0 pts / Satisfactory = 75.0 - 89.9 / Unsatisfactory < 75.0						≤ 12	0.0		

FITNESS ASSESSMENT CHART – MALE: AGE: 40 - 49

Cardiorespiratory Endurance			Body Composition			Muscle Fitness			
Run Time (mins:secs)	Health Risk Category	Points	AC (inches)	Health Risk Category	Points	Push-ups (reps/min)	Points	Sit-ups (reps/min)	Points
≤ 9:45	Low-Risk	60.0	≤ 32.5	Low-Risk	20.0	≥ 44	10.0	≥ 50	10.0
9:46 - 10:10	Low-Risk	59.8	33.0	Low-Risk	20.0	40	9.5	47	9.5
10:11 - 10:23	Low-Risk	59.5	33.5	Low-Risk	20.0	39	9.4	46	9.4
10:24 - 10:37	Low-Risk	59.1	34.0	Low-Risk	20.0	38	9.2	45	9.2
10:38 - 10:51	Low-Risk	58.7	34.5	Low-Risk	20.0	37	9.1	44	9.1
10:52 - 11:06	Low-Risk	58.3	35.0	Low-Risk	20.0	36	9.0	43	9.0
11:07 - 11:22	Low-Risk	57.7	35.5	Moderate Risk	17.6	35	8.8	42	8.8
11:23 - 11:38	Low-Risk	57.1	36.0	Moderate Risk	17.0	34	8.5	41	8.7
11:39 - 11:56	Low-Risk	56.3	36.5	Moderate Risk	16.4	33	8.4	40	8.5
11:57 - 12:14	Low-Risk	55.4	37.0	Moderate Risk	15.8	32	8.3	39	8.0
12:15 - 12:33	Low-Risk	54.3	37.5	Moderate Risk	15.1	31	8.1	38	7.8
12:34 - 12:53	Low-Risk	53.1	38.0	Moderate Risk	14.4	30	8.0	37	7.5
12:54 - 13:14	Low-Risk	51.5	38.5	Moderate Risk	13.5	29	7.5	36	7.0
13:15 - 13:36	Low-Risk	49.8	39.0 *	Moderate Risk	12.6	28	7.3	35	6.5
13:37 - 14:00	Moderate Risk	47.7	39.5	High Risk	11.7	27	7.2	34 *	6.0
14:01 - 14:25	Moderate Risk	45.2	40.0	High Risk	10.6	26	7.0	33	5.8
14:26 - 14:52 *	Moderate Risk	42.3	40.5	High Risk	9.4	25	6.5	32	5.5
14:53 - 15:20	High Risk	38.8	41.0	High Risk	8.2	24	6.0	31	5.0
15:21 - 15:50	High Risk	34.7	41.5	High Risk	6.8	23	5.8	30	4.5
15:51 - 16:22	High Risk	29.9	42.0	High Risk	5.3	22	5.5	29	4.0
16:23 - 16:57	High Risk	24.2	42.5	High Risk	3.7	21 *	5.0	28	3.5
16:58 - 17:34	High Risk	17.4	43.0	High Risk	1.9	20	4.8	27	3.0
17:35 - 18:14	High Risk	9.4	≥ 43.5	High Risk	0.0	19	4.5	26	2.5
≥ 18:15	High Risk	0.0				18	4.0	25	2.3
						17	3.8	24	2.0
NOTES:						16	3.5	23	1.5
Health Risk Category = low, moderate or high risk for current and future						15	3.0	22	1.0
cardiovascular disease, diabetes, certain cancers, and other health problems						14	2.8	≤ 21	0.0
						13	2.5		
Passing Requirements - member ***must*** : 1) meet minimum value in each of						12	2.3		
the four components, ***and*** 2) achieve a composite point total ≥ 75 points						11	2.0		
						10	1.5		
* Minimum Component Values						9	1.0		
Run time ≤ 14:52 mins:secs / Abd Circ ≤ 39.0 inches						≤ 8	0.0		
Push-ups ≥ 21 repetitions/one minute / Sit-ups ≥ 34 repetitions/one minute									
Composite Score Categories:									
Excellent ≥ 90.0 pts / Satisfactory = 75.0 - 89.9 / Unsatisfactory < 75.0									

FITNESS ASSESSMENT CHART – MALE: AGE: 50 – 59

Cardiorespiratory Endurance			Body Composition			Muscle Fitness			
Run Time (mins:secs)	Health Risk Category	Points	AC (inches)	Health Risk Category	Points	Push-ups (reps/min)	Points	Sit-ups (reps/min)	Points
≤ 10:37	Low-Risk	60.0	≤ 32.5	Low-Risk	20.0	≥ 44	10.0	≥ 46	10.0
10:38 - 11:06	Low-Risk	59.7	33.0	Low-Risk	20.0	39	9.5	43	9.5
11:07 - 11:22	Low-Risk	59.4	33.5	Low-Risk	20.0	38	9.4	42	9.4
11:23 - 11:38	Low-Risk	59.0	34.0	Low-Risk	20.0	37	9.4	41	9.2
11:39 - 11:56	Low-Risk	58.5	34.5	Low-Risk	20.0	36	9.3	40	9.1
11:57 - 12:14	Low-Risk	58.0	35.0	Low-Risk	20.0	35	9.3	39	9.0
12:15 - 12:33	Low-Risk	57.3	35.5	Moderate Risk	17.6	34	9.2	38	8.8
12:34 - 12:53	Low-Risk	56.5	36.0	Moderate Risk	17.0	33	9.2	37	8.7
12:54 - 13:14	Low-Risk	55.6	36.5	Moderate Risk	16.4	32	9.1	36	8.5
13:15 - 13:36	Low-Risk	54.5	37.0	Moderate Risk	15.8	31	9.1	35	8.0
13:37 - 14:00	Low-Risk	53.3	37.5	Moderate Risk	15.1	30	9.0	34	7.8
14:01 - 14:25	Low-Risk	51.8	38.0	Moderate Risk	14.4	29	8.8	33	7.5
14:26 - 14:52	Low-Risk	50.0	38.5	Moderate Risk	13.5	28	8.5	32	7.3
14:53 - 15:20	Moderate Risk	47.9	39.0 *	Moderate Risk	12.6	27	8.3	31	7.0
15:21 - 15:50	Moderate Risk	45.4	39.5	High Risk	11.7	26	8.2	30	6.5
15:51 - 16:22 *	Moderate Risk	42.4	40.0	High Risk	10.6	25	8.0	29	6.3
16:23 - 16:57	High Risk	39.0	40.5	High Risk	9.4	24	7.5	28 *	6.0
16:58 - 17:34	High Risk	34.9	41.0	High Risk	8.2	23	7.3	27	5.5
17:35 - 18:14	High Risk	30.0	41.5	High Risk	6.8	22	7.2	26	5.0
18:15 - 18:56	High Risk	24.3	42.0	High Risk	5.3	21	7.0	25	4.5
18:57 - 19:43	High Risk	17.5	42.5	High Risk	3.7	20	6.5	24	4.0
19:44 - 20:33	High Risk	9.5	43.0	High Risk	1.9	19	6.0	23	3.8
≥ 20:34	High Risk	0.0	≥ 43.5	High Risk	0.0	18	5.8	22	3.5
						17	5.5	21	3.0
NOTES:						16	5.3	20	2.5
Health Risk Category = low, moderate or high risk for current and future						15 *	5.0	19	2.0
cardiovascular disease, diabetes, certain cancers, and other health problems						14	4.5	18	1.8
						13	4.0	17	1.5
Passing Requirements - member ***must*** : 1) meet minimum value in each of						12	3.8	16	1.3
the four components, ***and*** 2) achieve a composite point total ≥ 75 points						11	3.5	15	1.0
						10	3.0	≤ 14	0.0
* Minimum Component Values						9	2.0		
Run time ≤ 16:22 mins:secs / Abd Circ ≤ 39.0 inches						8	1.8		
Push-ups ≥ 15 repetitions/one minute / Sit-ups ≥ 28 repetitions/one minute						7	1.5		
						6	1.0		
Composite Score Categories:						≤ 5	0.0		
Excellent ≥ 90.0 pts / Satisfactory = 75.0 - 89.9 / Unsatisfactory < 75.0									

FITNESS ASSESSMENT CHART – MALE: AGE: 60+

Cardiorespiratory Endurance			Body Composition			Muscle Fitness			
Run Time (mins:secs)	Health Risk Category	Points	AC (inches)	Health Risk Category	Points	Push-ups (reps/min)	Points	Sit-ups (reps/min)	Points
≤ 11:22	Low-Risk	60.0	≤ 32.5	Low-Risk	20.0	≥ 30	10.0	≥ 42	10.0
11:23 - 11:56	Low-Risk	59.7	33.0	Low-Risk	20.0	28	9.5	39	9.5
11:57 - 12:14	Low-Risk	59.4	33.5	Low-Risk	20.0	27	9.3	38	9.4
12:15 - 12:33	Low-Risk	59.0	34.0	Low-Risk	20.0	26	9.0	37	9.2
12:34 - 12:53	Low-Risk	58.5	34.5	Low-Risk	20.0	25	8.8	36	9.1
12:54 - 13:14	Low-Risk	58.0	35.0	Low-Risk	20.0	24	8.5	35	9.0
13:15 - 13:36	Low-Risk	57.3	35.5	Moderate Risk	17.6	23	8.0	34	8.9
13:37 - 14:00	Low-Risk	56.5	36.0	Moderate Risk	17.0	22	7.5	33	8.8
14:01 - 14:25	Low-Risk	55.6	36.5	Moderate Risk	16.4	21	7.0	32	8.6
14:26 - 14:52	Low-Risk	54.5	37.0	Moderate Risk	15.8	20	6.5	31	8.5
14:53 - 15:20	Low-Risk	53.3	37.5	Moderate Risk	15.1	19	6.3	30	8.0
15:21 - 15:50	Low-Risk	51.8	38.0	Moderate Risk	14.4	18	6.0	29	7.8
15:51 - 16:22	Low-Risk	50.0	38.5	Moderate Risk	13.5	17	5.8	28	7.5
16:23 - 16:57	Moderate Risk	47.9	39.0 *	Moderate Risk	12.6	16	5.5	27	7.3
16:58 - 17:34	Moderate Risk	45.4	39.5	High Risk	11.7	15	5.3	26	7.0
17:35 - 18:14 *	Moderate Risk	42.4	40.0	High Risk	10.6	14 *	5.0	25	6.8
18:15 - 18:56	High Risk	39.0	40.5	High Risk	9.4	13	4.8	24	6.5
18:57 - 19:43	High Risk	34.9	41.0	High Risk	8.2	12	4.5	23	6.3
19:44 - 20:33	High Risk	30.0	41.5	High Risk	6.8	11	4.3	22 *	6.0
20:34 - 21:28	High Risk	24.3	42.0	High Risk	5.3	10	4.0	21	5.5
21:29 - 22:28	High Risk	17.5	42.5	High Risk	3.7	9	3.5	20	5.0
22:29 - 23:34	High Risk	9.5	43.0	High Risk	1.9	8	3.0	19	4.0
≥ 23:35	High Risk	0.0	≥ 43.5	High Risk	0.0	7	2.5	18	3.5
						6	2.0	17	3.0
						5	1.5	16	2.5
NOTES:						4	1.0	15	2.0
Health Risk Category = low, moderate or high risk for current and future						≤ 3	0.0	14	1.8
cardiovascular disease, diabetes, certain cancers, and other health problems								13	1.5
								12	1.3
Passing Requirements - member ***must*** : 1) meet minimum value in each of								11	1.2
the four components, ***and*** 2) achieve a composite point total ≥ 75 points								10	1.0
								≤ 9	0.0
* Minimum Component Values									
Run time ≤ 18:14 mins:secs / Abd Circ ≤ 39.0 inches									
Push-ups ≥ 14 repetitions/one minute / Sit-ups ≥ 22 repetitions/one minute									
Composite Score Categories:									
Excellent ≥ 90.0 pts / Satisfactory = 75.0 - 89.9 / Unsatisfactory < 75.0									

FITNESS ASSESSMENT CHART – FEMALE: AGE: < 30

Cardiorespiratory Endurance			Body Composition			Muscle Fitness			
Run Time (mins:secs)	Health Risk Category	Points	AC (inches)	Health Risk Category	Points	Push-ups (reps/min)	Points	Sit-ups (reps/min)	Points
≤ 10:23	Low-Risk	60.0	≤ 29.0	Low Risk	20.0	≥ 47	10.0	≥ 54	10.0
10:24 - 10:51	Low-Risk	59.9	29.5	Low Risk	20.0	42	9.5	51	9.5
10:52 - 11:06	Low-Risk	59.5	30.0	Low Risk	20.0	41	9.4	50	9.4
11:07 - 11:22	Low-Risk	59.2	30.5	Low Risk	20.0	40	9.3	49	9.0
11:23 - 11:38	Low-Risk	58.9	31.0	Low Risk	20.0	39	9.2	48	8.9
11:39 - 11:56	Low-Risk	58.6	31.5	Low Risk	20.0	38	9.1	47	8.8
11:57 - 12:14	Low-Risk	58.1	32.0	Moderate Risk	17.6	37	9.0	46	8.6
12:15 - 12:33	Low-Risk	57.6	32.5	Moderate Risk	17.1	36	8.9	45	8.5
12:34 - 12:53	Low-Risk	57.0	33.0	Moderate Risk	16.5	35	8.8	44	8.0
12:54 - 13:14	Low-Risk	56.2	33.5	Moderate Risk	15.9	34	8.6	43	7.8
13:15 - 13:36	Low-Risk	55.3	34.0	Moderate Risk	15.2	33	8.5	42	7.5
13:37 - 14:00	Low-Risk	54.2	34.5	Moderate Risk	14.5	32	8.4	41	7.0
14:01 - 14:25	Low-Risk	52.8	35.0	Moderate Risk	13.7	31	8.3	40	6.8
14:26 - 14:52	Low-Risk	51.2	35.5 *	Moderate Risk	12.8	30	8.2	39	6.5
14:53 - 15:20	Moderate Risk	49.3	36.0	High Risk	11.8	29	8.1	38 *	6.0
15:21 - 15:50	Moderate Risk	46.9	36.5	High Risk	10.7	28	8.0	37	5.5
15:51 - 16:22 *	Moderate Risk	44.1	37.0	High Risk	9.6	27	7.5	36	5.3
16:23 - 16:57	High Risk	40.8	37.5	High Risk	8.3	26	7.3	35	5.0
16:58 - 17:34	High Risk	36.7	38.0	High Risk	6.9	25	7.2	34	4.5
17:35 - 18:14	High Risk	31.8	38.5	High Risk	5.4	24	7.0	33	4.3
18:15 - 18:56	High Risk	25.9	39.0	High Risk	3.8	23	6.5	32	4.0
18:57 - 19:43	High Risk	18.8	39.5	High Risk	2.0	22	6.3	31	3.5
19:44 - 20:33	High Risk	10.3	≥ 40.0	High Risk	0.0	21	6.0	30	3.0
≥ 20:34	High Risk	0.0				20	5.8	29	2.8
						19	5.5	28	2.5
						18 *	5.0	27	2.0
NOTES:						17	4.5	26	1.8
Health Risk Category = low, moderate or high risk for current and future						16	4.3	25	1.7
cardiovascular disease, diabetes, certain cancers, and other health problems						15	4.0	24	1.5
						14	3.5	23	1.0
Passing Requirements - member ***must*** : 1) meet minimum value in each of						13	3.0	≤ 22	0.0
the four components, ***and*** 2) achieve a composite point total ≥ 75 points						12	2.8		
						11	2.5		
* Minimum Component Values						10	2.0		
Run time ≤ 16:22 mins:secs / Abd Circ ≤ 35.5 inches						9	1.5		
Push-ups ≥ 18 repetitions/one minute / Sit-ups ≥ 38 repetitions/one minute						8	1.0		
						≤ 7	0.0		
Composite Score Categories:									
Excellent ≥ 90.0 pts / Satisfactory = 75.0 - 89.9 / Unsatisfactory < 75.0									

FITNESS ASSESSMENT CHART – FEMALE: AGE: 30 – 39

Cardiorespiratory Endurance			Body Composition			Muscle Fitness			
Run Time (mins:secs)	Health Risk Category	Points	AC (inches)	Health Risk Category	Points	Push-ups (reps/min)	Points	Sit-ups (reps/min)	Points
≤ 10:51	Low-Risk	60.0	≤ 29.0	Low Risk	20.0	≥ 46	10.0	≥ 45	10.0
10:52 - 11:22	Low-Risk	59.5	29.5	Low Risk	20.0	40	9.5	42	9.5
11:23 - 11:38	Low-Risk	59.0	30.0	Low Risk	20.0	39	9.4	41	9.4
11:39 - 11:56	Low-Risk	58.6	30.5	Low Risk	20.0	38	9.3	40	9.0
11:57 - 12:14	Low-Risk	58.1	31.0	Low Risk	20.0	37	9.3	39	8.8
12:15 - 12:33	Low-Risk	57.6	31.5	Low Risk	20.0	36	9.2	38	8.5
12:34 - 12:53	Low-Risk	57.0	32.0	Moderate Risk	17.6	35	9.1	37	8.3
12:54 - 13:14	Low-Risk	56.2	32.5	Moderate Risk	17.1	34	9.1	36	8.2
13:15 - 13:36	Low-Risk	55.3	33.0	Moderate Risk	16.5	33	9.0	35	8.0
13:37 - 14:00	Low-Risk	54.2	33.5	Moderate Risk	15.9	32	8.9	34	7.8
14:01 - 14:25	Low-Risk	52.8	34.0	Moderate Risk	15.2	31	8.9	33	7.5
14:26 - 14:52	Low-Risk	51.2	34.5	Moderate Risk	14.5	30	8.8	32	7.0
14:53 - 15:20	Low-Risk	49.3	35.0	Moderate Risk	13.7	29	8.7	31	6.8
15:21 - 15:50	Moderate Risk	46.9	35.5 *	Moderate Risk	12.8	28	8.6	30	6.5
15:51 - 16:22	Moderate Risk	44.1	36.0	High Risk	11.8	27	8.6	29 *	6.0
16:23 - 16:57 *	Moderate Risk	40.8	36.5	High Risk	10.7	26	8.5	28	5.5
16:58 - 17:34	High Risk	36.7	37.0	High Risk	9.6	25	8.3	27	5.0
17:35 - 18:14	High Risk	31.8	37.5	High Risk	8.3	24	8.2	26	4.5
18:15 - 18:56	High Risk	25.9	38.0	High Risk	6.9	23	8.0	25	4.0
18:57 - 19:43	High Risk	18.8	38.5	High Risk	5.4	22	7.9	24	3.5
19:44 - 20:33	High Risk	10.3	39.0	High Risk	3.8	21	7.8	23	3.3
≥ 20:34	High Risk	0.0	39.5	High Risk	2.0	20	7.6	22	3.0
			≥ 40.0	High Risk	0.0	19	7.5	21	2.5
						18	7.0	20	2.0
NOTES:						17	6.8	19	1.8
Health Risk Category = low, moderate or high risk for current and future						16	6.5	18	1.5
cardiovascular disease, diabetes, certain cancers, and other health problems						15	6.0	17	1.3
						14 *	5.0	16	1.2
Passing Requirements - member ***must*** : 1) meet minimum value in each of						13	4.5	15	1.0
the four components, ***and*** 2) achieve a composite point total ≥ 75 points						12	4.3	≤ 14	0.0
						11	4.0		
* Minimum Component Values						10	3.5		
Run time ≤ 16:57 mins:secs / Abd Circ ≤ 35.5 inches						9	3.0		
Push-ups ≥ 14 repetitions/one minute / Sit-ups ≥ 29 repetitions/one minute						8	2.0		
						7	1.5		
Composite Score Categories:						6	1.0		
Excellent ≥ 90.0 pts / Satisfactory = 75.0 - 89.9 / Unsatisfactory < 75.0						≤ 5	0.0		

FITNESS ASSESSMENT CHART – FEMALE: AGE: 40 – 49

Cardiorespiratory Endurance			Body Composition			Muscle Fitness			
Run Time (mins:secs)	Health Risk Category	Points	AC (inches)	Health Risk Category	Points	Push-ups (reps/min)	Points	Sit-ups (reps/min)	Points
≤ 11:22	Low-Risk	60.0	≤ 29.0	Low Risk	20.0	≥ 38	10.0	≥ 41	10.0
11:23 - 11:56	Low-Risk	59.9	29.5	Low Risk	20.0	33	9.5	38	9.5
11:57 - 12:14	Low-Risk	59.8	30.0	Low Risk	20.0	32	9.4	37	9.4
12:15 - 12:33	Low-Risk	59.6	30.5	Low Risk	20.0	31	9.2	36	9.2
12:34 - 12:53	Low-Risk	59.4	31.0	Low Risk	20.0	30	9.1	35	9.1
12:54 - 13:14	Low-Risk	59.1	31.5	Low Risk	20.0	29	9.0	34	9.0
13:15 - 13:36	Low-Risk	58.7	32.0	Moderate Risk	17.6	28	8.9	33	8.8
13:37 - 14:00	Low-Risk	58.2	32.5	Moderate Risk	17.1	27	8.8	32	8.5
14:01 - 14:25	Low-Risk	57.7	33.0	Moderate Risk	16.5	26	8.7	31	8.3
14:26 - 14:52	Low-Risk	56.9	33.5	Moderate Risk	15.9	25	8.6	30	8.2
14:53 - 15:20	Low-Risk	56.0	34.0	Moderate Risk	15.2	24	8.6	29	8.0
15:21 - 15:50	Low-Risk	54.8	34.5	Moderate Risk	14.5	23	8.5	28	7.5
15:51 - 16:22	Low-Risk	53.3	35.0	Moderate Risk	13.7	22	8.4	27	7.0
16:23 - 16:57	Moderate Risk	51.4	35.5 *	Moderate Risk	12.8	21	8.3	26	6.8
16:58 - 17:34	Moderate Risk	49.0	36.0	High Risk	11.8	20	8.2	25	6.4
17:35 - 18:14 *	Moderate Risk	45.9	36.5	High Risk	10.7	19	8.1	24 *	6.0
18:15 - 18:56	High Risk	42.0	37.0	High Risk	9.6	18	8.0	23	5.5
18:57 - 19:43	High Risk	37.1	37.5	High Risk	8.3	17	7.8	22	5.0
19:44 - 20:33	High Risk	30.8	38.0	High Risk	6.9	16	7.5	21	4.5
20:34 - 21:28	High Risk	22.9	38.5	High Risk	5.4	15	7.0	20	4.0
21:29 - 22:28	High Risk	12.8	39.0	High Risk	3.8	14	6.5	19	3.5
≥ 22:29	High Risk	0.0	39.5	High Risk	2.0	13	6.0	18	3.3
			≥ 40.0	High Risk	0.0	12	5.5	17	3.0
						11 *	5.0	16	2.5
NOTES:						10	4.5	15	2.3
Health Risk Category = low, moderate or high risk for current and future						9	4.0	14	2.0
cardiovascular disease, diabetes, certain cancers, and other health problems						8	3.5	13	1.5
						7	3.0	12	1.3
Passing Requirements - member ***must*** : 1) meet minimum value in each of						6	2.0	11	1.2
the four components, ***and*** 2) achieve a composite point total ≥ 75 points						5	1.5	10	1.0
						4	1.0	≤ 9	0.0
* Minimum Component Values						≤ 3	0.0		
Run time ≤ 18:14 mins:secs / Abd Circ ≤ 35.5 inches									
Push-ups ≥ 11 repetitions/one minute / Sit-ups ≥ 24 repetitions/one minute									
Composite Score Categories:									
Excellent ≥ 90.0 pts / Satisfactory = 75.0 - 89.9 / Unsatisfactory < 75.0									

FITNESS ASSESSMENT CHART – FEMALE: AGE: 50 – 59

Cardiorespiratory Endurance				Body Composition				Muscle Fitness			
Run Time (mins:secs)	Health Risk Category	Points		AC (inches)	Health Risk Category	Points		Push-ups (reps/min)	Points	Sit-ups (reps/min)	Points
≤ 12:53	Low-Risk	60.0		≤ 29.0	Low Risk	20.0		≥ 35	10.0	≥ 32	10.0
12:54 - 13:36	Low-Risk	59.8		29.5	Low Risk	20.0		30	9.5	30	9.5
13:37 - 14:00	Low-Risk	59.6		30.0	Low Risk	20.0		29	9.4	29	9.0
14:01 - 14:25	Low-Risk	59.3		30.5	Low Risk	20.0		28	9.3	28	8.9
14:26 - 14:52	Low-Risk	58.9		31.0	Low Risk	20.0		27	9.2	27	8.8
14:53 - 15:20	Low-Risk	58.4		31.5	Low Risk	20.0		26	9.1	26	8.6
15:21 - 15:50	Low-Risk	57.7		32.0	Moderate Risk	17.6		25	9.0	25	8.5
15:51 - 16:22	Low-Risk	56.8		32.5	Moderate Risk	17.1		24	8.8	24	8.0
16:23 - 16:57	Low-Risk	55.6		33.0	Moderate Risk	16.5		23	8.7	23	7.6
16:58 - 17:34	Low-Risk	54.0		33.5	Moderate Risk	15.9		22	8.6	22	7.0
17:35 - 18:14	Low-Risk	51.9		34.0	Moderate Risk	15.2		21	8.6	21	6.5
18:15 - 18:56	Moderate Risk	49.2		34.5	Moderate Risk	14.5		20	8.5	20 *	6.0
18:57 - 19:43 *	Moderate Risk	45.5		35.0	Moderate Risk	13.7		19	8.4	19	5.5
19:44 - 20:33	High Risk	40.7		35.5 *	Moderate Risk	12.8		18	8.3	18	5.3
20:34 - 21:28	High Risk	34.3		36.0	High Risk	11.8		17	8.2	17	5.0
21:29 - 22:28	High Risk	25.9		36.5	High Risk	10.7		16	8.1	16	4.5
22:29 - 23:34	High Risk	14.7		37.0	High Risk	9.6		15	8.0	15	4.3
≥ 23:35	High Risk	0.0		37.5	High Risk	8.3		14	7.5	14	4.0
				38.0	High Risk	6.9		13	7.0	13	3.6
				38.5	High Risk	5.4		12	6.5	12	3.0
				39.0	High Risk	3.8		11	6.0	11	2.5
				39.5	High Risk	2.0		10	5.5	10	2.0
				≥ 40.0	High Risk	0.0		9 *	5.0	9	1.8
								8	4.5	8	1.7
NOTES:								7	4.0	7	1.5
Health Risk Category = low, moderate or high risk for current and future								6	3.5	6	1.0
cardiovascular disease, diabetes, certain cancers, and other health problems								5	3.0	≤ 5	0.0
								4	2.0		
Passing Requirements - member ***must*** : 1) meet minimum value in each of								3	1.0		
the four components, ***and*** 2) achieve a composite point total ≥ 75 points								≤2	0.0		
* Minimum Component Values											
Run time ≤ 19:43 mins:secs / Abd Circ ≤ 35.5 inches											
Push-ups ≥ 9 repetitions/one minute / Sit-ups ≥ 20 repetitions/one minute											
Composite Score Categories:											
Excellent ≥ 90.0 pts / Satisfactory = 75.0 - 89.9 / Unsatisfactory < 75.0											

FITNESS ASSESSMENT CHART – FEMALE: AGE: 60+

Cardiorespiratory Endurance				Body Composition				Muscle Fitness			
Run Time (mins:secs)	Health Risk Category	Points		AC (inches)	Health Risk Category	Points		Push-ups (reps/min)	Points	Sit-ups (reps/min)	Points
≤ 14:00	Low-Risk	60.0		≤ 29.0	Low Risk	20.0		≥ 21	10.0	≥ 31	10.0
14:01 - 14:52	Low-Risk	59.8		29.5	Low Risk	20.0		19	9.5	28	9.5
14:53 - 15:20	Low-Risk	59.5		30.0	Low Risk	20.0		18	9.4	27	9.4
15:21 - 15:50	Low-Risk	59.1		30.5	Low Risk	20.0		17	9.0	26	9.0
15:51 - 16:22	Low-Risk	58.6		31.0	Low Risk	20.0		16	8.8	25	8.9
16:23 - 16:57	Low-Risk	57.9		31.5	Low Risk	20.0		15	8.5	24	8.8
16:58 - 17:34	Low-Risk	57.0		32.0	Moderate Risk	17.6		14	8.0	23	8.7
17:35 - 18:14	Low-Risk	55.8		32.5	Moderate Risk	17.1		13	7.5	22	8.6
18:15 - 18:56	Low-Risk	54.2		33.0	Moderate Risk	16.5		12	7.0	21	8.5
18:57 - 19:43	Low-Risk	52.1		33.5	Moderate Risk	15.9		11	6.5	20	8.4
19:44 - 20:33	Moderate Risk	49.3		34.0	Moderate Risk	15.2		10	6.0	19	8.3
20:34 - 21:28	Moderate Risk	45.6		34.5	Moderate Risk	14.5		9	5.7	18	8.2
21:29 - 22:28 *	Moderate Risk	40.8		35.0	Moderate Risk	13.7		8	5.3	17	8.0
22:29 - 23:34	High Risk	34.4		35.5 *	Moderate Risk	12.8		7 *	5.0	16	7.8
23:35 - 24:46	High Risk	26.0		36.0	High Risk	11.8		6	4.5	15	7.5
24:47 - 26:06	High Risk	14.8		36.5	High Risk	10.7		5	4.0	14	7.3
≥ 26:07	High Risk	0.0		37.0	High Risk	9.6		4	3.0	13	7.0
				37.5	High Risk	8.3		3	2.0	12	6.5
				38.0	High Risk	6.9		2	1.0	11 *	6.0
				38.5	High Risk	5.4		≤1	0.0	10	5.5
				39.0	High Risk	3.8				9	5.3
				39.5	High Risk	2.0				8	4.5
				≥ 40.0	High Risk	0.0				7	4.3
										6	4.0
NOTES:										5	3.5
Health Risk Category = low, moderate or high risk for current and future										4	2.5
cardiovascular disease, diabetes, certain cancers, and other health problems										3	2.0
										2	1.5
Passing Requirements - member ***must*** : 1) meet minimum value in each of										≤ 1	0.0
the four components, ***and*** 2) achieve a composite point total ≥ 75 points											
* Minimum Component Values											
Run time ≤ 22:28 mins:secs / Abd Circ ≤ 35.5 inches											
Push-ups ≥ 7 repetitions/one minute / Sit-ups ≥ 11 repetitions/one minute											
Composite Score Categories:											
Excellent ≥ 90.0 pts / Satisfactory = 75.0 - 89.9 / Unsatisfactory < 75.0											

Attachment 15

1.0-MILE TIMED WALK INSTRUCTIONS

A15.1. Criteria. The following criteria must be considered prior to the 1.0-mile timed walk assessment.

A15.1.1. Members completing the assessment must wear proper fitness attire (e.g., AF PT gear and fitness shoes).

A15.1.2. Members must warm-up prior to completing the assessment.

A15.1.3. Members must complete the FSQ.

A15.1.4. Course safety/environmental conditions as described in **Attachment 8 (para A8.2).**

A15.1.5. The test assessor (FAC member or PTL) will give instructions on administering and monitoring of the muscular FA components. Muscular FA may be completed before or after the 1.0-mile timed walk assessment/5 minute cool-down.

A15.2. Requirements.

A15.2.1. A measured 1.0-mile, uninterrupted course (preferably a ¼ mile track) approved by the Wing CC. The course will meet requirements of **para A8.1.**, with the exception of the num

ber of laps.

A15.2.2. Sufficient trained personnel must be present to be able to monitor members at all times, to record laps if necessary, and to record walk completion times.

A15.2.3. Additional equipment requirements include timers, notepads, scorecards, pens/pencils, and heart rate (HR) monitors.

A15.3. Administering the 1.0-mile walk assessment.

A15.3.1. The member is required to walk 1.0-mile (1609 meters) as quickly as possible. Member must walk, but not run, keeping at least one foot in contact with the ground at all times.

A15.3.2. Record the participant's HR immediately upon the completion of the mile by reading the value from the heart rate monitor.

A15.4. Scoring results of the 1.0-mile walk assessment.

A15.4.1. Use test standards in **Attachments 16 and 17** with formula below**.**

A15.4.2. Calculate member's score (estimated VO_2 max) using the following formula which incorporates body weight (lb), age (yr), gender (males = 1, females = 0), time to complete one mile (min), and post exercise heart rate (bpm):

Estimated VO_2 max (ml/kg/min) =

132.853 – 0.0769(Weight) – 0.3877(Age) + 6.315(Gender) – 3.2649(Time) – 0.1565(HR)

Example: If a 33 year old male (weight 160 lbs) completed the walk in 11 minutes and 20 seconds and had a post-exercise HR of 160 bpm, his estimated VO_2 max would be 52 ml/kg/min (as calculated here): Score (estimated VO_2 max) = 132.853 – 0.0769(160) – 0.3877(33) + 6.315(1) – 3.2649(11.33) – 0.1565(160) = 52 ml/kg/min

An estimated VO_2 max score of 52 ml/kg/min is a "passing" score because it exceeds the minimum VO_2 component score of 38 for a 33 year old male as defined in **Attachment 16. Attachment 17** identifies a VO_2 max score of 52 ml/kg/min to equate to 59.3 points toward a composite score.

It is important to note that completion time must be converted to minutes. This is accomplished by dividing the number of seconds by 60 and adding this value to the whole value for minutes. In the above example, the total time was 11 minutes and 20 seconds. When expressed as minutes, this equals 11 minutes + (20/60 seconds) or 11.33 minutes.

Safety is the number one concern. If during or after the test, the member experiences unusual shortness of breath, chest pain, dizziness or lightheadedness, or any other unusual symptoms, please notify FAC or FA administrator immediately.

Attachment 16

ALTERNATE AEROBIC TEST STANDARDS

1.0-MILE WALK TEST MINIMUM COMPONENT VALUES

MALE	Minimum VO2 Component Score Required to Pass		FEMALE	Minimum VO2 Component Score Required to Pass
Age (yrs)	(ml/kg/min)		Age (yrs)	(ml/kg/min)
< 30	**39**		< 30	**33**
30 - 39	**38**		30 - 39	**32**
40 - 49	**36**		40 - 49	**30**
50 - 59	**33**		50 - 59	**28**
60+	**30**		60+	**25**
Pass = ≥ standard per age-gender group				
Fail = < standard per age-gender group				

Attachment 17

ALTERNATE AEROBIC TEST (1-MILE WALK TEST)

V02 ASSESSMENT CHART - MALE: AGE: < 30

VO_2 (ml/kg/min)	Health Risk Category	Points
≥ 56	Low-Risk	60.0
54-55	Low-Risk	59.7
53	Low-Risk	59.3
52	Low-Risk	58.9
51	Low-Risk	58.5
50	Low-Risk	57.9
49	Low-Risk	57.3
48	Low-Risk	56.6
47	Low-Risk	55.7
46	Low-Risk	54.8
45	Low-Risk	53.7
44	Low-Risk	52.4
43	Low-Risk	50.9
42	Low-Risk	49.2
41	Moderate Risk	47.2
40	Moderate Risk	44.9
*39	Moderate Risk	42.3
38	High Risk	39.3
37	High Risk	35.8
36	High Risk	31.7
35	High Risk	27.1
34	High Risk	21.7
33	High Risk	15.5
32	High Risk	8.3
≤ 31	High Risk	0.0
NOTES:		
Health Risk Category = low, moderate or high risk for current and future		
cardiovascular disease, diabetes, certain cancers, and other health problems		
Passing Requirements - member ***must*** : 1) meet minimum value in each of		
the four components, ***and*** 2) achieve a composite point total ≥ 75 points		
* Minimum Component Value		
VO2 ≥ 39 ml/kg/min		
Composite Score Categories:		
Excellent ≥ 90.0 pts / Satisfactory = 75.0 - 89.9 / Unsatisfactory < 75.0		

ALTERNATE AEROBIC TEST (1-MILE WALK TEST)

V02 ASSESSMENT CHART - MALE: AGE: 30 - 39

VO_2 (ml/kg/min)	Health Risk Category	HR Points
≥ 54	Low-Risk	60.0
52-53	Low-Risk	59.3
51	Low-Risk	58.6
50	Low-Risk	57.9
49	Low-Risk	57.3
48	Low-Risk	56.6
47	Low-Risk	55.7
46	Low-Risk	54.8
45	Low-Risk	53.7
44	Low-Risk	52.4
43	Low-Risk	50.9
42	Low-Risk	49.2
41	Low-Risk	47.2
40	Moderate Risk	44.9
39	Moderate Risk	42.3
*38	Moderate Risk	39.3
37	High Risk	35.8
36	High Risk	31.7
35	High Risk	27.1
34	High Risk	21.7
33	High Risk	15.5
32	High Risk	8.3
31	High Risk	0.0
NOTES:		
Health Risk Category = low, moderate or high risk for current and future		
cardiovascular disease, diabetes, certain cancers, and other health problems		
Passing Requirements - member ***must*** : 1) meet minimum value in each of		
the four components, ***and*** 2) achieve a composite point total ≥ 75 points		
* Minimum Component Value		
VO2 ≥ 38 ml/kg/min		
Composite Score Categories:		
Excellent ≥ 90.0 pts / Satisfactory = 75.0 - 89.9 / Unsatisfactory < 75.0		

ALTERNATE AEROBIC TEST (1-MILE WALK TEST)

V02 ASSESSMENT CHART - MALE: AGE: 40 - 49

VO_2 (ml/kg/min)	Health Risk Category	HR Points
≥ 53	Low-Risk	60.0
51-52	Low-Risk	59.8
50	Low-Risk	59.5
49	Low-Risk	59.1
48	Low-Risk	58.7
47	Low-Risk	58.3
46	Low-Risk	57.7
45	Low-Risk	57.1
44	Low-Risk	56.3
43	Low-Risk	55.4
42	Low-Risk	54.3
41	Low-Risk	53.1
40	Low-Risk	51.5
39	Low-Risk	49.8
38	Moderate Risk	47.7
37	Moderate Risk	45.2
*36	Moderate Risk	42.3
35	High Risk	38.8
34	High Risk	34.7
33	High Risk	29.9
32	High Risk	24.2
31	High Risk	17.4
30	High Risk	9.4
≤ 29	High Risk	0.0
NOTES:		
Health Risk Category = low, moderate or high risk for current and future cardiovascular disease, diabetes, certain cancers, and other health problems		
Passing Requirements - member ***must*** : 1) meet minimum value in each of the four components, ***and*** 2) achieve a composite point total ≥ 75 points		
* Minimum Component Value		
VO2 ≥ 36 ml/kg/min		
Composite Score Categories:		
Excellent ≥ 90.0 pts / Satisfactory = 75.0 - 89.9 / Unsatisfactory < 75.0		

ALTERNATE AEROBIC TEST (1-MILE WALK TEST)

V02 ASSESSMENT CHART - MALE: AGE: 50 - 59

VO_2 (ml/kg/min)	Health Risk Category	HR Points
≥ 49	Low-Risk	60.0
47-48	Low-Risk	59.7
46	Low-Risk	59.4
45	Low-Risk	59.0
44	Low-Risk	58.5
43	Low-Risk	58.0
42	Low-Risk	57.3
41	Low-Risk	56.5
40	Low-Risk	55.6
39	Low-Risk	54.5
38	Low-Risk	53.3
37	Low-Risk	51.8
36	Low-Risk	50.0
35	Moderate Risk	47.9
34	Moderate Risk	45.4
*33	Moderate Risk	42.4
32	High Risk	39.0
31	High Risk	34.9
30	High Risk	30.0
29	High Risk	24.3
28	High Risk	17.5
27	High Risk	9.5
≤ 26	High Risk	0.0
NOTES:		
Health Risk Category = low, moderate or high risk for current and future		
cardiovascular disease, diabetes, certain cancers, and other health problems		
Passing Requirements - member ***must*** : 1) meet minimum value in each of		
the four components, ***and*** 2) achieve a composite point total ≥ 75 points		
* Minimum Component Value		
VO2 ≥ 33 ml/kg/min		
Composite Score Categories:		
Excellent ≥ 90.0 pts / Satisfactory = 75.0 - 89.9 / Unsatisfactory < 75.0		

ALTERNATE AEROBIC TEST (1-MILE WALK TEST)

V02 ASSESSMENT CHART - MALE: AGE: 60+

VO_2 (ml/kg/min)	Health Risk Category	HR Points
≥ 46	Low-Risk	60.0
44-45	Low-Risk	59.7
43	Low-Risk	59.4
42	Low-Risk	59.0
41	Low-Risk	58.5
40	Low-Risk	58.0
39	Low-Risk	57.3
38	Low-Risk	56.5
37	Low-Risk	55.6
36	Low-Risk	54.5
35	Low-Risk	53.3
34	Low-Risk	51.8
33	Low-Risk	50.0
32	Moderate Risk	47.9
31	Moderate Risk	45.4
*30	Moderate Risk	42.4
29	High Risk	39.0
28	High Risk	34.9
27	High Risk	30.0
26	High Risk	24.3
25	High Risk	17.5
24	High Risk	9.5
≤ 23	High Risk	0.0
NOTES:		
Health Risk Category = low, moderate or high risk for current and future		
cardiovascular disease, diabetes, certain cancers, and other health problems		
Passing Requirements - member ***must*** : 1) meet minimum value in each of		
the four components, ***and*** 2) achieve a composite point total ≥ 75 points		
* Minimum Component Value		
VO2 ≥ 30 ml/kg/min		
Composite Score Categories:		
Excellent ≥ 90.0 pts / Satisfactory = 75.0 - 89.9 / Unsatisfactory < 75.0		

ALTERNATE AEROBIC TEST (1-MILE WALK TEST)

V02 ASSESSMENT CHART - FEMALE: AGE: < 30

VO_2 (ml/kg/min)	Health Risk Category	HR Points
≥ 50	Low-Risk	60.0
48-49	Low-Risk	59.9
47	Low-Risk	59.5
46	Low-Risk	59.2
45	Low-Risk	58.9
44	Low-Risk	58.6
43	Low-Risk	58.1
42	Low-Risk	57.6
41	Low-Risk	57.0
40	Low-Risk	56.2
39	Low-Risk	55.3
38	Low-Risk	54.2
37	Low-Risk	52.8
36	Low-Risk	51.2
35	Moderate Risk	49.3
34	Moderate Risk	46.9
*33	Moderate Risk	44.1
32	High Risk	40.8
31	High Risk	36.7
30	High Risk	31.8
29	High Risk	25.9
28	High Risk	18.8
27	High Risk	10.3
≤ 26	High Risk	0.0
NOTES:		
Health Risk Category = low, moderate or high risk for current and future cardiovascular disease, diabetes, certain cancers, and other health problems		
Passing Requirements - member ***must***: 1) meet minimum value in each of the four components, ***and*** 2) achieve a composite point total ≥ 75 points		
* Minimum Component Value		
VO2 ≥ 33 ml/kg/min		
Composite Score Categories:		
Excellent ≥ 90.0 pts / Satisfactory = 75.0 - 89.9 / Unsatisfactory < 75.0		

ALTERNATE AEROBIC TEST (1-MILE WALK TEST)

V02 ASSESSMENT CHART - FEMALE: AGE: 30 - 39

VO_2 (ml/kg/min)	Health Risk Category	HR Points
≥ 48	Low-Risk	60.0
46-47	Low-Risk	59.5
45	Low-Risk	59.0
44	Low-Risk	58.6
43	Low-Risk	58.1
42	Low-Risk	57.6
41	Low-Risk	57.0
40	Low-Risk	56.2
39	Low-Risk	55.3
38	Low-Risk	54.2
37	Low-Risk	52.8
36	Low-Risk	51.2
35	Low-Risk	49.3
34	Moderate Risk	46.9
33	Moderate Risk	44.1
*32	Moderate Risk	40.8
31	High Risk	36.7
30	High Risk	31.8
29	High Risk	25.9
28	High Risk	18.8
27	High Risk	10.3
≤ 26	High Risk	0.0
NOTES:		
Health Risk Category = low, moderate or high risk for current and future		
cardiovascular disease, diabetes, certain cancers, and other health problems		
Passing Requirements - member ***must*** : 1) meet minimum value in each of		
the four components, ***and*** 2) achieve a composite point total ≥ 75 points		
* Minimum Component Value		
VO2 ≥ 32 ml/kg/min		
Composite Score Categories:		
Excellent ≥ 90.0 pts / Satisfactory = 75.0 - 89.9 / Unsatisfactory < 75.0		

ALTERNATE AEROBIC TEST (1-MILE WALK TEST)

V02 ASSESSMENT CHART - FEMALE: AGE: 40 - 49

VO_2 (ml/kg/min)	Health Risk Category	HR Points
≥ 46	Low-Risk	60.0
44-45	Low-Risk	59.9
43	Low-Risk	59.8
42	Low-Risk	59.6
41	Low-Risk	59.4
40	Low-Risk	59.1
39	Low-Risk	58.7
38	Low-Risk	58.2
37	Low-Risk	57.7
36	Low-Risk	56.9
35	Low-Risk	56.0
34	Low-Risk	54.8
33	Low-Risk	53.3
32	Moderate Risk	51.4
31	Moderate Risk	49.0
*30	Moderate Risk	45.9
29	High Risk	42.0
28	High Risk	37.1
27	High Risk	30.8
26	High Risk	22.9
25	High Risk	12.8
≤ 24	High Risk	0.0
NOTES:		
Health Risk Category = low, moderate or high risk for current and future		
cardiovascular disease, diabetes, certain cancers, and other health problems		
Passing Requirements - member ***must*** : 1) meet minimum value in each of		
the four components, ***and*** 2) achieve a composite point total ≥ 75 points		
* Minimum Component Value		
VO2 ≥ 30 ml/kg/min		
Composite Score Categories:		
Excellent ≥ 90.0 pts / Satisfactory = 75.0 - 89.9 / Unsatisfactory < 75.0		

ALTERNATE AEROBIC TEST (1-MILE WALK TEST)

V02 ASSESSMENT CHART - FEMALE: AGE: 50 - 59

VO_2 (ml/kg/min)	Health Risk Category	HR Points
≥ 41	Low-Risk	60.0
39-40	Low-Risk	59.8
38	Low-Risk	59.6
37	Low-Risk	59.3
36	Low-Risk	58.9
35	Low-Risk	58.4
34	Low-Risk	57.7
33	Low-Risk	56.8
32	Low-Risk	55.6
31	Low-Risk	54.0
30	Low-Risk	51.9
29	Moderate Risk	49.2
*28	Moderate Risk	45.5
27	High Risk	40.7
26	High Risk	34.3
25	High Risk	25.9
24	High Risk	14.7
23	High Risk	0.0
NOTES:		
Health Risk Category = low, moderate or high risk for current and future cardiovascular disease, diabetes, certain cancers, and other health problems		
Passing Requirements - member ***must*** : 1) meet minimum value in each of the four components, ***and*** 2) achieve a composite point total ≥ 75 points		
* Minimum Component Value		
VO2 ≥ 28 ml/kg/min		
Composite Score Categories:		
Excellent ≥ 90.0 pts / Satisfactory = 75.0 - 89.9 / Unsatisfactory < 75.0		

ALTERNATE AEROBIC TEST (1-MILE WALK TEST)

V02 ASSESSMENT CHART - FEMALE: AGE: 60+

VO_2 (ml/kg/min)	Health Risk Category	HR Points
≥ 38	Low-Risk	60.0
36-37	Low-Risk	59.8
35	Low-Risk	59.5
34	Low-Risk	59.1
33	Low-Risk	58.6
32	Low-Risk	57.9
31	Low-Risk	57.0
30	Low-Risk	55.8
29	Low-Risk	54.2
28	Low-Risk	52.1
27	Moderate Risk	49.3
26	Moderate Risk	45.6
*25	Moderate Risk	40.8
24	High Risk	34.4
23	High Risk	26.0
22	High Risk	14.8
21	High Risk	0.0
NOTES:		
Health Risk Category = low, moderate or high risk for current and future		
cardiovascular disease, diabetes, certain cancers, and other health problems		
Passing Requirements - member ***must*** : 1) meet minimum value in each of		
the four components, ***and*** 2) achieve a composite point total ≥ 75 points		
* Minimum Component Value		
VO2 ≥ 25 ml/kg/min		
Composite Score Categories:		
Excellent ≥ 90.0 pts / Satisfactory = 75.0 - 89.9 / Unsatisfactory < 75.0		

Attachment 18

SAMPLE FITNESS ASSESSMENT SCORE SHEETS

Male – Age: < 30

Name:_____ **Rank:**_____ **Unit:**_____
SSN:_____ **Age:**_____ **Height:**_____ **Weight:**_____
Profile: Y / N Date:_____

Component	Time/Reps/Measurement	Score	Minimum Value Met
1.5-Mile Run/ 1.0-Mile Walk			≤ 13:36 Y / N
Push-ups			≥ 33 Y / N
Sit-ups			≥ 42 Y / N
Body Composition	1:___2:___ 3: ___ Avg: ____		≤ 39 Y / N
	Total Score:_____of_____	Category: Excellent Satisfactory Unsatisfactory	

Cardiorespiratory Endurance				**Body Composition**				**Muscle Fitness**			
Run Time (mins:secs)	Health Risk Category	Points		AC (inches)	Health Risk Category	Points		Push-ups (reps/min)	Points	Sit-ups (reps/min)	Points
≤ 9:12	Low-Risk	60.0		≤ 32.5	Low-Risk	20.0		≥ 67	10.0	≥ 58	10.0
9:13 - 9:34	Low-Risk	59.7		33.0	Low-Risk	20.0		62	9.5	55	9.5
9:35 - 9:45	Low-Risk	59.3		33.5	Low-Risk	20.0		61	9.4	54	9.4
9:46 - 9:58	Low-Risk	58.9		34.0	Low-Risk	20.0		60	9.3	53	9.2
9:59 - 10:10	Low-Risk	58.5		34.5	Low-Risk	20.0		59	9.2	52	9.0
10:11 - 10:23	Low-Risk	57.9		35.0	Low-Risk	20.0		58	9.1	51	8.8
10:24 - 10:37	Low-Risk	57.3		35.5	Moderate Risk	17.6		57	9.0	50	8.7
10:38 - 10:51	Low-Risk	56.6		36.0	Moderate Risk	17.0		56	8.9	49	8.5
10:52 - 11:06	Low-Risk	55.7		36.5	Moderate Risk	16.4		55	8.8	48	8.3
11:07 - 11:22	Low-Risk	54.8		37.0	Moderate Risk	15.8		54	8.8	47	8.0
11:23 - 11:38	Low-Risk	53.7		37.5	Moderate Risk	15.1		53	8.7	46	7.5
11:39 - 11:56	Low-Risk	52.4		38.0	Moderate Risk	14.4		52	8.6	45	7.0
11:57 - 12:14	Low-Risk	50.9		38.5	Moderate Risk	13.5		51	8.5	44	6.5
12:15 - 12:33	Low-Risk	49.2		39.0 *	Moderate Risk	12.6		50	8.4	43	6.3
12:34 - 12:53	Moderate Risk	47.2		39.5	High Risk	11.7		49	8.3	42 *	6.0
12:54 - 13:14	Moderate Risk	44.9		40.0	High Risk	10.6		48	8.1	41	5.5
13:15 - 13:36 *	Moderate Risk	42.3		40.5	High Risk	9.4		47	8.0	40	5.0
13:37 - 14:00	High Risk	39.3		41.0	High Risk	8.2		46	7.8	39	4.5
14:01 - 14:25	High Risk	35.8		41.5	High Risk	6.8		45	7.7	38	4.0
14:26 - 14:52	High Risk	31.7		42.0	High Risk	5.3		44	7.5	37	3.5
14:53 - 15:20	High Risk	27.1		42.5	High Risk	3.7		43	7.3	36	3.3
15:21 - 15:50	High Risk	21.7		43.0	High Risk	1.9		42	7.2	35	3.0
15:51 - 16:22	High Risk	15.5		≥ 43.5	High Risk	0.0		41	7.0	34	2.5
16:23 - 16:57	High Risk	8.3						40	6.8	33	2.0
≥ 16:58	High Risk	0.0						39	6.5	32	1.5
								38	6.3	31	1.3
								37	6.0	30	1.0
								36	5.8	≤ 29	0.0
								35	5.5		
								34	5.3		
								33 *	5.0		
								32	4.8		
								31	4.5		
								30	4.3		
NOTES:								29	4.0		
Health Risk Category = low, moderate or high risk for current and future								28	3.8		
cardiovascular disease, diabetes, certain cancers, and other health problems								27	3.5		
								26	3.0		
Passing Requirements - member ***must*** : 1) meet minimum value in each of								25	2.8		
the four components, ***and*** 2) achieve a composite point total ≥ 75 points								24	2.5		
								23	2.3		
* Minimum Component Values								22	2.0		
Run time ≤ 13:36 mins:secs / Abd Circ ≤ 39.0 inches								21	1.8		
Push-ups ≥ 33 repetitions/one minute / Sit-ups ≥ 42 repetitions/one minute								20	1.7		
								19	1.5		
Composite Score Categories:								18	1.0		
Excellent ≥ 90.0 pts / Satisfactory = 75.0 - 89.9 / Unsatisfactory < 75.0								≤ 17	0.0		

Male – Age: 30 – 39

Name:_____ Rank:_____ Unit:_____
SSN:_____ Age:_____ Height:_____ Weight:_____
Profile: Y / N Date:_____

Component	Time/Reps/Measurement	Score	Minimum Value Met
1.5-Mile Run/ 1.0-Mile Walk			≤ 14:00 Y / N
Push-ups			≥ 27 Y / N
Sit-ups			≥ 39 Y / N
Body Composition	1:___2:___ 3: ___ Avg: ____		≤ 39 Y / N
	Total Score:_____of_____	Category: Excellent Satisfactory Unsatisfactory	

Cardiorespiratory Endurance				**Body Composition**				**Muscle Fitness**			
Run Time (mins:secs)	Health Risk Category	Points		AC (inches)	Health Risk Category	Points		Push-ups (reps/min)	Points	Sit-ups (reps/min)	Points
≤ 9:34	Low-Risk	60.0		≤ 32.5	Low-Risk	20.0		≥ 57	10.0	≥ 54	10.0
9:35 - 9:58	Low-Risk	59.3		33.0	Low-Risk	20.0		52	9.5	51	9.5
9:59 - 10:10	Low-Risk	58.6		33.5	Low-Risk	20.0		51	9.4	50	9.4
10:11 - 10:23	Low-Risk	57.9		34.0	Low-Risk	20.0		50	9.3	49	9.2
10:24 - 10:37	Low-Risk	57.3		34.5	Low-Risk	20.0		49	9.2	48	9.0
10:38 - 10:51	Low-Risk	56.6		35.0	Low-Risk	20.0		48	9.2	47	8.8
10:52 - 11:06	Low-Risk	55.7		35.5	Moderate Risk	17.6		47	9.1	46	8.7
11:07 - 11:22	Low-Risk	54.8		36.0	Moderate Risk	17.0		46	9.0	45	8.5
11:23 - 11:38	Low-Risk	53.7		36.5	Moderate Risk	16.4		45	8.9	44	8.3
11:39 - 11:56	Low-Risk	52.4		37.0	Moderate Risk	15.8		44	8.8	43	8.0
11:57 - 12:14	Low-Risk	50.9		37.5	Moderate Risk	15.1		43	8.7	42	7.5
12:15 - 12:33	Low-Risk	49.2		38.0	Moderate Risk	14.4		42	8.6	41	7.0
12:34 - 12:53	Low-Risk	47.2		38.5	Moderate Risk	13.5		41	8.5	40	6.5
12:54 - 13:14	Moderate Risk	44.9		39.0 *	Moderate Risk	12.6		40	8.3	39 *	6.0
13:15 - 13:36	Moderate Risk	42.3		39.5	High Risk	11.7		39	8.0	38	5.8
13:37 - 14:00 *	Moderate Risk	39.3		40.0	High Risk	10.6		38	7.8	37	5.5
14:01 - 14:25	High Risk	35.8		40.5	High Risk	9.4		37	7.7	36	5.0
14:26 - 14:52	High Risk	31.7		41.0	High Risk	8.2		36	7.5	35	4.0
14:53 - 15:20	High Risk	27.1		41.5	High Risk	6.8		35	7.3	34	3.8
15:21 - 15:50	High Risk	21.7		42.0	High Risk	5.3		34	7.0	33	3.5
15:51 - 16:22	High Risk	15.5		42.5	High Risk	3.7		33	6.8	32	3.0
16:23 - 16:57	High Risk	8.3		43.0	High Risk	1.9		32	6.7	31	2.5
≥ 16:58	High Risk	0.0		≥ 43.5	High Risk	0.0		31	6.5	30	2.0
								30	6.0	29	1.8
								29	5.5	28	1.5
								28	5.3	27	1.3
								27 *	5.0	26	1.0
								26	4.8	≤ 25	0.0
								25	4.5		
NOTES:								24	4.0		
Health Risk Category = low, moderate or high risk for current and future								23	3.8		
cardiovascular disease, diabetes, certain cancers, and other health problems								22	3.7		
								21	3.5		
Passing Requirements - member ***must*** : 1) meet minimum value in each of								20	3.0		
the four components, ***and*** 2) achieve a composite point total ≥ 75 points								19	2.5		
								18	2.3		
* Minimum Component Values								17	2.0		
Run time ≤ 14:00 mins:secs / Abd Circ ≤ 39.0 inches								16	1.8		
Push-ups ≥ 27 repetitions/one minute / Sit-ups ≥ 39 repetitions/one minute								15	1.5		
								14	1.3		
Composite Score Categories:								13	1.0		
Excellent ≥ 90.0 pts / Satisfactory = 75.0 - 89.9 / Unsatisfactory < 75.0								≤ 12	0.0		

Male – Age: 40 – 49

Name:_____ Rank:_____ Unit:_____
SSN:_____ Age:_____ Height:_____ Weight:_____
Profile: Y / N Date:_____

Component	Time/Reps/Measurement	Score	Minimum Value Met
1.5-Mile Run/ 1.0-Mile Walk			≤ 14:52 Y / N
Push-ups			≥ 21 Y / N
Sit-ups			≥ 34 Y / N
Body Composition	1:___2:___ 3: ___ Avg: ____		≤ 39 Y / N
	Total Score:_____of_____	Category: Excellent Satisfactory Unsatisfactory	

Cardiorespiratory Endurance				**Body Composition**				**Muscle Fitness**			
Run Time (mins:secs)	Health Risk Category	Points		AC (inches)	Health Risk Category	Points		Push-ups (reps/min)	Points	Sit-ups (reps/min)	Points
≤ 9:45	Low-Risk	60.0		≤ 32.5	Low-Risk	20.0		≥ 44	10.0	≥ 50	10.0
9:46 - 10:10	Low-Risk	59.8		33.0	Low-Risk	20.0		40	9.5	47	9.5
10:11 - 10:23	Low-Risk	59.5		33.5	Low-Risk	20.0		39	9.4	46	9.4
10:24 - 10:37	Low-Risk	59.1		34.0	Low-Risk	20.0		38	9.2	45	9.2
10:38 - 10:51	Low-Risk	58.7		34.5	Low-Risk	20.0		37	9.1	44	9.1
10:52 - 11:06	Low-Risk	58.3		35.0	Low-Risk	20.0		36	9.0	43	9.0
11:07 - 11:22	Low-Risk	57.7		35.5	Moderate Risk	17.6		35	8.8	42	8.8
11:23 - 11:38	Low-Risk	57.1		36.0	Moderate Risk	17.0		34	8.5	41	8.7
11:39 - 11:56	Low-Risk	56.3		36.5	Moderate Risk	16.4		33	8.4	40	8.5
11:57 - 12:14	Low-Risk	55.4		37.0	Moderate Risk	15.8		32	8.3	39	8.0
12:15 - 12:33	Low-Risk	54.3		37.5	Moderate Risk	15.1		31	8.1	38	7.8
12:34 - 12:53	Low-Risk	53.1		38.0	Moderate Risk	14.4		30	8.0	37	7.5
12:54 - 13:14	Low-Risk	51.5		38.5	Moderate Risk	13.5		29	7.5	36	7.0
13:15 - 13:36	Low-Risk	49.8		39.0 *	Moderate Risk	12.6		28	7.3	35	6.5
13:37 - 14:00	Moderate Risk	47.7		39.5	High Risk	11.7		27	7.2	34 *	6.0
14:01 - 14:25	Moderate Risk	45.2		40.0	High Risk	10.6		26	7.0	33	5.8
14:26 - 14:52 *	Moderate Risk	42.3		40.5	High Risk	9.4		25	6.5	32	5.5
14:53 - 15:20	High Risk	38.8		41.0	High Risk	8.2		24	6.0	31	5.0
15:21 - 15:50	High Risk	34.7		41.5	High Risk	6.8		23	5.8	30	4.5
15:51 - 16:22	High Risk	29.9		42.0	High Risk	5.3		22	5.5	29	4.0
16:23 - 16:57	High Risk	24.2		42.5	High Risk	3.7		21 *	5.0	28	3.5
16:58 - 17:34	High Risk	17.4		43.0	High Risk	1.9		20	4.8	27	3.0
17:35 - 18:14	High Risk	9.4		≥ 43.5	High Risk	0.0		19	4.5	26	2.5
≥ 18:15	High Risk	0.0						18	4.0	25	2.3
								17	3.8	24	2.0
NOTES:								16	3.5	23	1.5
Health Risk Category = low, moderate or high risk for current and future								15	3.0	22	1.0
cardiovascular disease, diabetes, certain cancers, and other health problems								14	2.8	≤ 21	0.0
								13	2.5		
Passing Requirements - member ***must*** : 1) meet minimum value in each of								12	2.3		
the four components, ***and*** 2) achieve a composite point total ≥ 75 points								11	2.0		
								10	1.5		
* Minimum Component Values								9	1.0		
Run time ≤ 14:52 mins:secs / Abd Circ ≤ 39.0 inches								≤ 8	0.0		
Push-ups ≥ 21 repetitions/one minute / Sit-ups ≥ 34 repetitions/one minute											
Composite Score Categories:											
Excellent ≥ 90.0 pts / Satisfactory = 75.0 - 89.9 / Unsatisfactory < 75.0											

Male – Age: 50 – 59

Name:_____ Rank:_____ Unit:_____
SSN:_____ Age:_____ Height:_____ Weight:_____
Profile: Y / N Date:_____

Component	Time/Reps/Measurement	Score	Minimum Value Met
1.5-Mile Run/ 1.0-Mile Walk			≤ 16:22 Y / N
Push-ups			≥ 15 Y / N
Sit-ups			≥ 28 Y / N
Body Composition	1:___2:___ 3: ___ Avg: ____		≤ 39 Y / N
	Total Score:_____of_____	Category: Excellent Satisfactory Unsatisfactory	

Cardiorespiratory Endurance				**Body Composition**				**Muscle Fitness**			
Run Time (mins:secs)	Health Risk Category	Points		AC (inches)	Health Risk Category	Points		Push-ups (reps/min)	Points	Sit-ups (reps/min)	Points
≤ 10:37	Low-Risk	60.0		≤ 32.5	Low-Risk	20.0		≥ 44	10.0	≥ 46	10.0
10:38 - 11:06	Low-Risk	59.7		33.0	Low-Risk	20.0		39	9.5	43	9.5
11:07 - 11:22	Low-Risk	59.4		33.5	Low-Risk	20.0		38	9.4	42	9.4
11:23 - 11:38	Low-Risk	59.0		34.0	Low-Risk	20.0		37	9.4	41	9.2
11:39 - 11:56	Low-Risk	58.5		34.5	Low-Risk	20.0		36	9.3	40	9.1
11:57 - 12:14	Low-Risk	58.0		35.0	Low-Risk	20.0		35	9.3	39	9.0
12:15 - 12:33	Low-Risk	57.3		35.5	Moderate Risk	17.6		34	9.2	38	8.8
12:34 - 12:53	Low-Risk	56.5		36.0	Moderate Risk	17.0		33	9.2	37	8.7
12:54 - 13:14	Low-Risk	55.6		36.5	Moderate Risk	16.4		32	9.1	36	8.5
13:15 - 13:36	Low-Risk	54.5		37.0	Moderate Risk	15.8		31	9.1	35	8.0
13:37 - 14:00	Low-Risk	53.3		37.5	Moderate Risk	15.1		30	9.0	34	7.8
14:01 - 14:25	Low-Risk	51.8		38.0	Moderate Risk	14.4		29	8.8	33	7.5
14:26 - 14:52	Low-Risk	50.0		38.5	Moderate Risk	13.5		28	8.5	32	7.3
14:53 - 15:20	Moderate Risk	47.9		39.0 *	Moderate Risk	12.6		27	8.3	31	7.0
15:21 - 15:50	Moderate Risk	45.4		39.5	High Risk	11.7		26	8.2	30	6.5
15:51 - 16:22 *	Moderate Risk	42.4		40.0	High Risk	10.6		25	8.0	29	6.3
16:23 - 16:57	High Risk	39.0		40.5	High Risk	9.4		24	7.5	28 *	6.0
16:58 - 17:34	High Risk	34.9		41.0	High Risk	8.2		23	7.3	27	5.5
17:35 - 18:14	High Risk	30.0		41.5	High Risk	6.8		22	7.2	26	5.0
18:15 - 18:56	High Risk	24.3		42.0	High Risk	5.3		21	7.0	25	4.5
18:57 - 19:43	High Risk	17.5		42.5	High Risk	3.7		20	6.5	24	4.0
19:44 - 20:33	High Risk	9.5		43.0	High Risk	1.9		19	6.0	23	3.8
≥ 20:34	High Risk	0.0		≥ 43.5	High Risk	0.0		18	5.8	22	3.5
								17	5.5	21	3.0
NOTES:								16	5.3	20	2.5
Health Risk Category = low, moderate or high risk for current and future								15 *	5.0	19	2.0
cardiovascular disease, diabetes, certain cancers, and other health problems								14	4.5	18	1.8
								13	4.0	17	1.5
Passing Requirements - member ***must*** : 1) meet minimum value in each of								12	3.8	16	1.3
the four components, ***and*** 2) achieve a composite point total ≥ 75 points								11	3.5	15	1.0
								10	3.0	≤ 14	0.0
* Minimum Component Values								9	2.0		
Run time ≤ 16:22 mins:secs / Abd Circ ≤ 39.0 inches								8	1.8		
Push-ups ≥ 15 repetitions/one minute / Sit-ups ≥ 28 repetitions/one minute								7	1.5		
								6	1.0		
Composite Score Categories:								≤ 5	0.0		
Excellent ≥ 90.0 pts / Satisfactory = 75.0 - 89.9 / Unsatisfactory < 75.0											

Male – Age: 60+

Name:_____ Rank:_____ Unit:_____
SSN:_____ Age:_____ Height:_____ Weight:_____
Profile: Y / N Date:_____

Component	Time/Reps/Measurement	Score	Minimum Value Met
1.5-Mile Run/ 1.0-Mile Walk			≤ 18:14 Y / N
Push-ups			≥ 14 Y / N
Sit-ups			≥ 22 Y / N
Body Composition	1:___2:___ 3: ___ Avg: ____		≤ 39 Y / N
	Total Score:_____of_____	Category: Excellent Satisfactory Unsatisfactory	

Cardiorespiratory Endurance				**Body Composition**				**Muscle Fitness**			
Run Time (mins:secs)	Health Risk Category	Points		AC (inches)	Health Risk Category	Points		Push-ups (reps/min)	Points	Sit-ups (reps/min)	Points
≤ 11:22	Low-Risk	60.0		≤ 32.5	Low-Risk	20.0		≥ 30	10.0	≥ 42	10.0
11:23 - 11:56	Low-Risk	59.7		33.0	Low-Risk	20.0		28	9.5	39	9.5
11:57 - 12:14	Low-Risk	59.4		33.5	Low-Risk	20.0		27	9.3	38	9.4
12:15 - 12:33	Low-Risk	59.0		34.0	Low-Risk	20.0		26	9.0	37	9.2
12:34 - 12:53	Low-Risk	58.5		34.5	Low-Risk	20.0		25	8.8	36	9.1
12:54 - 13:14	Low-Risk	58.0		35.0	Low-Risk	20.0		24	8.5	35	9.0
13:15 - 13:36	Low-Risk	57.3		35.5	Moderate Risk	17.6		23	8.0	34	8.9
13:37 - 14:00	Low-Risk	56.5		36.0	Moderate Risk	17.0		22	7.5	33	8.8
14:01 - 14:25	Low-Risk	55.6		36.5	Moderate Risk	16.4		21	7.0	32	8.6
14:26 - 14:52	Low-Risk	54.5		37.0	Moderate Risk	15.8		20	6.5	31	8.5
14:53 - 15:20	Low-Risk	53.3		37.5	Moderate Risk	15.1		19	6.3	30	8.0
15:21 - 15:50	Low-Risk	51.8		38.0	Moderate Risk	14.4		18	6.0	29	7.8
15:51 - 16:22	Low-Risk	50.0		38.5	Moderate Risk	13.5		17	5.8	28	7.5
16:23 - 16:57	Moderate Risk	47.9		39.0 *	Moderate Risk	12.6		16	5.5	27	7.3
16:58 - 17:34	Moderate Risk	45.4		39.5	High Risk	11.7		15	5.3	26	7.0
17:35 - 18:14 *	Moderate Risk	42.4		40.0	High Risk	10.6		14 *	5.0	25	6.8
18:15 - 18:56	High Risk	39.0		40.5	High Risk	9.4		13	4.8	24	6.5
18:57 - 19:43	High Risk	34.9		41.0	High Risk	8.2		12	4.5	23	6.3
19:44 - 20:33	High Risk	30.0		41.5	High Risk	6.8		11	4.3	22 *	6.0
20:34 - 21:28	High Risk	24.3		42.0	High Risk	5.3		10	4.0	21	5.5
21:29 - 22:28	High Risk	17.5		42.5	High Risk	3.7		9	3.5	20	5.0
22:29 - 23:34	High Risk	9.5		43.0	High Risk	1.9		8	3.0	19	4.0
≥ 23:35	High Risk	0.0		≥ 43.5	High Risk	0.0		7	2.5	18	3.5
								6	2.0	17	3.0
								5	1.5	16	2.5
NOTES:								4	1.0	15	2.0
Health Risk Category = low, moderate or high risk for current and future								≤ 3	0.0	14	1.8
cardiovascular disease, diabetes, certain cancers, and other health problems										13	1.5
										12	1.3
Passing Requirements - member ***must*** : 1) meet minimum value in each of										11	1.2
the four components, ***and*** 2) achieve a composite point total ≥ 75 points										10	1.0
										≤ 9	0.0
* Minimum Component Values											
Run time ≤ 18:14 mins:secs / Abd Circ ≤ 39.0 inches											
Push-ups ≥ 14 repetitions/one minute / Sit-ups ≥ 22 repetitions/one minute											
Composite Score Categories:											
Excellent ≥ 90.0 pts / Satisfactory = 75.0 - 89.9 / Unsatisfactory < 75.0											

Female – Age: < 30

Name:_____ Rank:_____ Unit:_____
SSN:_____ Age:_____ Height:_____ Weight:_____
Profile: Y / N Date:_____

Component	Time/Reps/Measurement	Score	Minimum Value Met
1.5-Mile Run/ 1.0-Mile Walk			≤ 16:22 Y / N
Push-ups			≥ 18 Y / N
Sit-ups			≥ 38 Y / N
Body Composition	1:___2:___ 3: ___ Avg: ____		≤ 35.5 Y / N
	Total Score:_____of_____	Category: Excellent Satisfactory Unsatisfactory	

Cardiorespiratory Endurance				**Body Composition**				**Muscle Fitness**			
Run Time (mins:secs)	Health Risk Category	Points		AC (inches)	Health Risk Category	Points		Push-ups (reps/min)	Points	Sit-ups (reps/min)	Points
≤ 10:23	Low-Risk	60.0		≤ 29.0	Low Risk	20.0		≥ 47	10.0	≥ 54	10.0
10:24 - 10:51	Low-Risk	59.9		29.5	Low Risk	20.0		42	9.5	51	9.5
10:52 - 11:06	Low-Risk	59.5		30.0	Low Risk	20.0		41	9.4	50	9.4
11:07 - 11:22	Low-Risk	59.2		30.5	Low Risk	20.0		40	9.3	49	9.0
11:23 - 11:38	Low-Risk	58.9		31.0	Low Risk	20.0		39	9.2	48	8.9
11:39 - 11:56	Low-Risk	58.6		31.5	Low Risk	20.0		38	9.1	47	8.8
11:57 - 12:14	Low-Risk	58.1		32.0	Moderate Risk	17.6		37	9.0	46	8.6
12:15 - 12:33	Low-Risk	57.6		32.5	Moderate Risk	17.1		36	8.9	45	8.5
12:34 - 12:53	Low-Risk	57.0		33.0	Moderate Risk	16.5		35	8.8	44	8.0
12:54 - 13:14	Low-Risk	56.2		33.5	Moderate Risk	15.9		34	8.6	43	7.8
13:15 - 13:36	Low-Risk	55.3		34.0	Moderate Risk	15.2		33	8.5	42	7.5
13:37 - 14:00	Low-Risk	54.2		34.5	Moderate Risk	14.5		32	8.4	41	7.0
14:01 - 14:25	Low-Risk	52.8		35.0	Moderate Risk	13.7		31	8.3	40	6.8
14:26 - 14:52	Low-Risk	51.2		35.5 *	Moderate Risk	12.8		30	8.2	39	6.5
14:53 - 15:20	Moderate Risk	49.3		36.0	High Risk	11.8		29	8.1	38 *	6.0
15:21 - 15:50	Moderate Risk	46.9		36.5	High Risk	10.7		28	8.0	37	5.5
15:51 - 16:22 *	Moderate Risk	44.1		37.0	High Risk	9.6		27	7.5	36	5.3
16:23 - 16:57	High Risk	40.8		37.5	High Risk	8.3		26	7.3	35	5.0
16:58 - 17:34	High Risk	36.7		38.0	High Risk	6.9		25	7.2	34	4.5
17:35 - 18:14	High Risk	31.8		38.5	High Risk	5.4		24	7.0	33	4.3
18:15 - 18:56	High Risk	25.9		39.0	High Risk	3.8		23	6.5	32	4.0
18:57 - 19:43	High Risk	18.8		39.5	High Risk	2.0		22	6.3	31	3.5
19:44 - 20:33	High Risk	10.3		≥ 40.0	High Risk	0.0		21	6.0	30	3.0
≥ 20:34	High Risk	0.0						20	5.8	29	2.8
								19	5.5	28	2.5
								18 *	5.0	27	2.0
NOTES:								17	4.5	26	1.8
Health Risk Category = low, moderate or high risk for current and future								16	4.3	25	1.7
cardiovascular disease, diabetes, certain cancers, and other health problems								15	4.0	24	1.5
								14	3.5	23	1.0
Passing Requirements - member ***must*** : 1) meet minimum value in each of								13	3.0	≤ 22	0.0
the four components, ***and*** 2) achieve a composite point total ≥ 75 points								12	2.8		
								11	2.5		
* Minimum Component Values								10	2.0		
Run time ≤ 16:22 mins:secs / Abd Circ ≤ 35.5 inches								9	1.5		
Push-ups ≥ 18 repetitions/one minute / Sit-ups ≥ 38 repetitions/one minute								8	1.0		
								≤ 7	0.0		
Composite Score Categories:											
Excellent ≥ 90.0 pts / Satisfactory = 75.0 - 89.9 / Unsatisfactory < 75.0											

Female – Age: 30 – 39

Name:_____ **Rank:**_____ **Unit:**_____
SSN:_____ **Age:**_____ **Height:**_____ **Weight:**_____
Profile: Y / N Date:_____

Component	Time/Reps/Measurement	Score	Minimum Value Met
1.5-Mile Run/ 1.0-Mile Walk			≤ 16:57 Y / N
Push-ups			≥ 14 Y / N
Sit-ups			≥ 29 Y / N
Body Composition	1:___2:___ 3: ___ Avg: ____		≤ 35.5 Y / N
	Total Score:_____of_____	Category: Excellent Satisfactory Unsatisfactory	

Cardiorespiratory Endurance			**Body Composition**			**Muscle Fitness**			
Run Time (mins:secs)	Health Risk Category	Points	AC (inches)	Health Risk Category	Points	Push-ups (reps/min)	Points	Sit-ups (reps/min)	Points
≤ 10:51	Low-Risk	60.0	≤ 29.0	Low Risk	20.0	≥ 46	10.0	≥ 45	10.0
10:52 - 11:22	Low-Risk	59.5	29.5	Low Risk	20.0	40	9.5	42	9.5
11:23 - 11:38	Low-Risk	59.0	30.0	Low Risk	20.0	39	9.4	41	9.4
11:39 - 11:56	Low-Risk	58.6	30.5	Low Risk	20.0	38	9.3	40	9.0
11:57 - 12:14	Low-Risk	58.1	31.0	Low Risk	20.0	37	9.3	39	8.8
12:15 - 12:33	Low-Risk	57.6	31.5	Low Risk	20.0	36	9.2	38	8.5
12:34 - 12:53	Low-Risk	57.0	32.0	Moderate Risk	17.6	35	9.1	37	8.3
12:54 - 13:14	Low-Risk	56.2	32.5	Moderate Risk	17.1	34	9.1	36	8.2
13:15 - 13:36	Low-Risk	55.3	33.0	Moderate Risk	16.5	33	9.0	35	8.0
13:37 - 14:00	Low-Risk	54.2	33.5	Moderate Risk	15.9	32	8.9	34	7.8
14:01 - 14:25	Low-Risk	52.8	34.0	Moderate Risk	15.2	31	8.9	33	7.5
14:26 - 14:52	Low-Risk	51.2	34.5	Moderate Risk	14.5	30	8.8	32	7.0
14:53 - 15:20	Low-Risk	49.3	35.0	Moderate Risk	13.7	29	8.7	31	6.8
15:21 - 15:50	Moderate Risk	46.9	35.5 *	Moderate Risk	12.8	28	8.6	30	6.5
15:51 - 16:22	Moderate Risk	44.1	36.0	High Risk	11.8	27	8.6	29 *	6.0
16:23 - 16:57 *	Moderate Risk	40.8	36.5	High Risk	10.7	26	8.5	28	5.5
16:58 - 17:34	High Risk	36.7	37.0	High Risk	9.6	25	8.3	27	5.0
17:35 - 18:14	High Risk	31.8	37.5	High Risk	8.3	24	8.2	26	4.5
18:15 - 18:56	High Risk	25.9	38.0	High Risk	6.9	23	8.0	25	4.0
18:57 - 19:43	High Risk	18.8	38.5	High Risk	5.4	22	7.9	24	3.5
19:44 - 20:33	High Risk	10.3	39.0	High Risk	3.8	21	7.8	23	3.3
≥ 20:34	High Risk	0.0	39.5	High Risk	2.0	20	7.6	22	3.0
			≥ 40.0	High Risk	0.0	19	7.5	21	2.5
						18	7.0	20	2.0
NOTES:						17	6.8	19	1.8
Health Risk Category = low, moderate or high risk for current and future						16	6.5	18	1.5
cardiovascular disease, diabetes, certain cancers, and other health problems						15	6.0	17	1.3
						14 *	5.0	16	1.2
Passing Requirements - member ***must*** : 1) meet minimum value in each of						13	4.5	15	1.0
the four components, ***and*** 2) achieve a composite point total ≥ 75 points						12	4.3	≤ 14	0.0
						11	4.0		
* Minimum Component Values						10	3.5		
Run time ≤ 16:57 mins:secs / Abd Circ ≤ 35.5 inches						9	3.0		
Push-ups ≥ 14 repetitions/one minute / Sit-ups ≥ 29 repetitions/one minute						8	2.0		
						7	1.5		
Composite Score Categories:						6	1.0		
Excellent ≥ 90.0 pts / Satisfactory = 75.0 - 89.9 / Unsatisfactory < 75.0						≤ 5	0.0		

Female – Age: 40 – 49

Name:_____ Rank:_____ Unit:_____
SSN:_____ Age:_____ Height:_____ Weight:_____
Profile: Y / N Date:_____

Component	Time/Reps/Measurement	Score	Minimum Value Met
1.5-Mile Run/ 1.0-Mile Walk			≤ 18:14 Y / N
Push-ups			≥ 11 Y / N
Sit-ups			≥ 24 Y / N
Body Composition	1:___2:___ 3: ___ Avg: ____		≤ 35.5 Y / N
	Total Score:_____of_____	Category: Excellent Satisfactory Unsatisfactory	

Cardiorespiratory Endurance				**Body Composition**				**Muscle Fitness**				
Run Time (mins:secs)	Health Risk Category	Points		AC (inches)	Health Risk Category	Points		Push-ups (reps/min)	Points		Sit-ups (reps/min)	Points
≤ 11:22	Low-Risk	60.0		≤ 29.0	Low Risk	20.0		≥ 38	10.0		≥ 41	10.0
11:23 - 11:56	Low-Risk	59.9		29.5	Low Risk	20.0		33	9.5		38	9.5
11:57 - 12:14	Low-Risk	59.8		30.0	Low Risk	20.0		32	9.4		37	9.4
12:15 - 12:33	Low-Risk	59.6		30.5	Low Risk	20.0		31	9.2		36	9.2
12:34 - 12:53	Low-Risk	59.4		31.0	Low Risk	20.0		30	9.1		35	9.1
12:54 - 13:14	Low-Risk	59.1		31.5	Low Risk	20.0		29	9.0		34	9.0
13:15 - 13:36	Low-Risk	58.7		32.0	Moderate Risk	17.6		28	8.9		33	8.8
13:37 - 14:00	Low-Risk	58.2		32.5	Moderate Risk	17.1		27	8.8		32	8.5
14:01 - 14:25	Low-Risk	57.7		33.0	Moderate Risk	16.5		26	8.7		31	8.3
14:26 - 14:52	Low-Risk	56.9		33.5	Moderate Risk	15.9		25	8.6		30	8.2
14:53 - 15:20	Low-Risk	56.0		34.0	Moderate Risk	15.2		24	8.6		29	8.0
15:21 - 15:50	Low-Risk	54.8		34.5	Moderate Risk	14.5		23	8.5		28	7.5
15:51 - 16:22	Low-Risk	53.3		35.0	Moderate Risk	13.7		22	8.4		27	7.0
16:23 - 16:57	Moderate Risk	51.4		35.5 *	Moderate Risk	12.8		21	8.3		26	6.8
16:58 - 17:34	Moderate Risk	49.0		36.0	High Risk	11.8		20	8.2		25	6.4
17:35 - 18:14 *	Moderate Risk	45.9		36.5	High Risk	10.7		19	8.1		24 *	6.0
18:15 - 18:56	High Risk	42.0		37.0	High Risk	9.6		18	8.0		23	5.5
18:57 - 19:43	High Risk	37.1		37.5	High Risk	8.3		17	7.8		22	5.0
19:44 - 20:33	High Risk	30.8		38.0	High Risk	6.9		16	7.5		21	4.5
20:34 - 21:28	High Risk	22.9		38.5	High Risk	5.4		15	7.0		20	4.0
21:29 - 22:28	High Risk	12.8		39.0	High Risk	3.8		14	6.5		19	3.5
≥ 22:29	High Risk	0.0		39.5	High Risk	2.0		13	6.0		18	3.3
				≥ 40.0	High Risk	0.0		12	5.5		17	3.0
								11 *	5.0		16	2.5
NOTES:								10	4.5		15	2.3
Health Risk Category = low, moderate or high risk for current and future								9	4.0		14	2.0
cardiovascular disease, diabetes, certain cancers, and other health problems								8	3.5		13	1.5
								7	3.0		12	1.3
Passing Requirements - member ***must*** : 1) meet minimum value in each of								6	2.0		11	1.2
the four components, ***and*** 2) achieve a composite point total ≥ 75 points								5	1.5		10	1.0
								4	1.0		≤ 9	0.0
* Minimum Component Values								≤ 3	0.0			
Run time ≤ 18:14 mins:secs / Abd Circ ≤ 35.5 inches												
Push-ups ≥ 11 repetitions/one minute / Sit-ups ≥ 24 repetitions/one minute												
Composite Score Categories:												
Excellent ≥ 90.0 pts / Satisfactory = 75.0 - 89.9 / Unsatisfactory < 75.0												

Female – Age: 50 – 59

Name:_____ Rank:_____ Unit:_____
SSN:_____ Age:_____ Height:_____ Weight:_____
Profile: Y / N Date:_____

Component	Time/Reps/Measurement	Score	Minimum Value Met
1.5-Mile Run/ 1.0-Mile Walk			≤ 19:43 Y / N
Push-ups			≥ 9 Y / N
Sit-ups			≥ 20 Y / N
Body Composition	1:___2:___ 3: ___ Avg: ____		≤ 35.5 Y / N
	Total Score:_____of_____	Category: Excellent Satisfactory Unsatisfactory	

Cardiorespiratory Endurance				**Body Composition**				**Muscle Fitness**			
Run Time (mins:secs)	Health Risk Category	Points		AC (inches)	Health Risk Category	Points		Push-ups (reps/min)	Points	Sit-ups (reps/min)	Points
≤ 12:53	Low-Risk	60.0		≤ 29.0	Low Risk	20.0		≥ 35	10.0	≥ 32	10.0
12:54 - 13:36	Low-Risk	59.8		29.5	Low Risk	20.0		30	9.5	30	9.5
13:37 - 14:00	Low-Risk	59.6		30.0	Low Risk	20.0		29	9.4	29	9.0
14:01 - 14:25	Low-Risk	59.3		30.5	Low Risk	20.0		28	9.3	28	8.9
14:26 - 14:52	Low-Risk	58.9		31.0	Low Risk	20.0		27	9.2	27	8.8
14:53 - 15:20	Low-Risk	58.4		31.5	Low Risk	20.0		26	9.1	26	8.6
15:21 - 15:50	Low-Risk	57.7		32.0	Moderate Risk	17.6		25	9.0	25	8.5
15:51 - 16:22	Low-Risk	56.8		32.5	Moderate Risk	17.1		24	8.8	24	8.0
16:23 - 16:57	Low-Risk	55.6		33.0	Moderate Risk	16.5		23	8.7	23	7.6
16:58 - 17:34	Low-Risk	54.0		33.5	Moderate Risk	15.9		22	8.6	22	7.0
17:35 - 18:14	Low-Risk	51.9		34.0	Moderate Risk	15.2		21	8.6	21	6.5
18:15 - 18:56	Moderate Risk	49.2		34.5	Moderate Risk	14.5		20	8.5	20 *	6.0
18:57 - 19:43 *	Moderate Risk	45.5		35.0	Moderate Risk	13.7		19	8.4	19	5.5
19:44 - 20:33	High Risk	40.7		35.5 *	Moderate Risk	12.8		18	8.3	18	5.3
20:34 - 21:28	High Risk	34.3		36.0	High Risk	11.8		17	8.2	17	5.0
21:29 - 22:28	High Risk	25.9		36.5	High Risk	10.7		16	8.1	16	4.5
22:29 - 23:34	High Risk	14.7		37.0	High Risk	9.6		15	8.0	15	4.3
≥ 23:35	High Risk	0.0		37.5	High Risk	8.3		14	7.5	14	4.0
				38.0	High Risk	6.9		13	7.0	13	3.6
				38.5	High Risk	5.4		12	6.5	12	3.0
				39.0	High Risk	3.8		11	6.0	11	2.5
				39.5	High Risk	2.0		10	5.5	10	2.0
				≥ 40.0	High Risk	0.0		9 *	5.0	9	1.8
								8	4.5	8	1.7
NOTES:								7	4.0	7	1.5
Health Risk Category = low, moderate or high risk for current and future								6	3.5	6	1.0
cardiovascular disease, diabetes, certain cancers, and other health problems								5	3.0	≤ 5	0.0
								4	2.0		
Passing Requirements - member ***must*** : 1) meet minimum value in each of								3	1.0		
the four components, ***and*** 2) achieve a composite point total ≥ 75 points								≤2	0.0		
* Minimum Component Values											
Run time ≤ 19:43 mins:secs / Abd Circ ≤ 35.5 inches											
Push-ups ≥ 9 repetitions/one minute / Sit-ups ≥ 20 repetitions/one minute											
Composite Score Categories:											
Excellent ≥ 90.0 pts / Satisfactory = 75.0 - 89.9 / Unsatisfactory < 75.0											

Female - Age: 60+

Name:_____ Rank:_____ Unit:_____
SSN:_____ Age:_____ Height:_____ Weight:_____
Profile: Y / N Date:_____

Component	Time/Reps/Measurement	Score	Minimum Value Met
1.5-Mile Run/ 1.0-Mile Walk			≤ 22:28 Y / N
Push-ups			≥ 7 Y / N
Sit-ups			≥ 11 Y / N
Body Composition	1:___2:___ 3: ___ Avg: ____		≤ 35.5 Y / N
	Total Score:_____of_____	Category: Excellent Satisfactory Unsatisfactory	

Cardiorespiratory Endurance				**Body Composition**				**Muscle Fitness**			
Run Time (mins:secs)	Health Risk Category	Points		AC (inches)	Health Risk Category	Points		Push-ups (reps/min)	Points	Sit-ups (reps/min)	Points
≤ 14:00	Low-Risk	60.0		≤ 29.0	Low Risk	20.0		≥ 21	10.0	≥ 31	10.0
14:01 - 14:52	Low-Risk	59.8		29.5	Low Risk	20.0		19	9.5	28	9.5
14:53 - 15:20	Low-Risk	59.5		30.0	Low Risk	20.0		18	9.4	27	9.4
15:21 - 15:50	Low-Risk	59.1		30.5	Low Risk	20.0		17	9.0	26	9.0
15:51 - 16:22	Low-Risk	58.6		31.0	Low Risk	20.0		16	8.8	25	8.9
16:23 - 16:57	Low-Risk	57.9		31.5	Low Risk	20.0		15	8.5	24	8.8
16:58 - 17:34	Low-Risk	57.0		32.0	Moderate Risk	17.6		14	8.0	23	8.7
17:35 - 18:14	Low-Risk	55.8		32.5	Moderate Risk	17.1		13	7.5	22	8.6
18:15 - 18:56	Low-Risk	54.2		33.0	Moderate Risk	16.5		12	7.0	21	8.5
18:57 - 19:43	Low-Risk	52.1		33.5	Moderate Risk	15.9		11	6.5	20	8.4
19:44 - 20:33	Moderate Risk	49.3		34.0	Moderate Risk	15.2		10	6.0	19	8.3
20:34 - 21:28	Moderate Risk	45.6		34.5	Moderate Risk	14.5		9	5.7	18	8.2
21:29 - 22:28 *	Moderate Risk	40.8		35.0	Moderate Risk	13.7		8	5.3	17	8.0
22:29 - 23:34	High Risk	34.4		35.5 *	Moderate Risk	12.8		7 *	5.0	16	7.8
23:35 - 24:46	High Risk	26.0		36.0	High Risk	11.8		6	4.5	15	7.5
24:47 - 26:06	High Risk	14.8		36.5	High Risk	10.7		5	4.0	14	7.3
≥ 26:07	High Risk	0.0		37.0	High Risk	9.6		4	3.0	13	7.0
				37.5	High Risk	8.3		3	2.0	12	6.5
				38.0	High Risk	6.9		2	1.0	11 *	6.0
				38.5	High Risk	5.4		≤1	0.0	10	5.5
				39.0	High Risk	3.8				9	5.3
				39.5	High Risk	2.0				8	4.5
				≥ 40.0	High Risk	0.0				7	4.3
										6	4.0
NOTES:										5	3.5
Health Risk Category = low, moderate or high risk for current and future										4	2.5
cardiovascular disease, diabetes, certain cancers, and other health problems										3	2.0
										2	1.5
Passing Requirements - member ***must***: 1) meet minimum value in each of										≤ 1	0.0
the four components, ***and*** 2) achieve a composite point total ≥ 75 points											
* Minimum Component Values											
Run time ≤ 22:28 mins:secs / Abd Circ ≤ 35.5 inches											
Push-ups ≥ 7 repetitions/one minute / Sit-ups ≥ 11 repetitions/one minute											
Composite Score Categories:											
Excellent ≥ 90.0 pts / Satisfactory = 75.0 - 89.9 / Unsatisfactory < 75.0											

Attachment 19

ADMINISTRATIVE AND PERSONNEL ACTIONS FOR FAILING TO ATTAIN PHYSICAL FITNESS STANDARDS

Table A19.1. Administrative and Personnel Actions for Failing to Attain Physical Fitness Standards.

This table is only illustrative and is not binding. Unit CCs exercise complete discretion in selecting responsive action(s). Commanders may use more than one action per failure. Recommend commanders consult with their local Staff Judge Advocate (SJA). Refer to the governing instructions to determine the correct form and procedures for each action.

Unsatisfactory Fitness Score	1st Fail	2nd Fail	3rd Fail	4th+ Fail
Options				
Verbal Counseling	Use anytime and as often as needed and in conjunction with other options below			
Letter of Counseling	X	X		
Letter of Admonition	X	X		
Defer Promotion (Enlisted)	X	X	X	X
Delay Promotion (Officer)	X	X	X	X
Limit Supervisory Responsibilities	X	X	X	X
Letter of Reprimand	X	X	X	X
Establish Unfavorable Information File (UIF)		X	X	X
Reenlistment Ineligibility (see note 1)		X	X	X
No Recommend for Promotion (Enlisted)		X	X	X
Remove Supervisory Responsibilities			X	X
Deny Voluntary Retraining			X	X
Deny Formal Training			X	X
Placement on Control Roster			X	X
Reenlistment Non-selection (see note 1 - 2)			X	X
Withhold Promotion (Enlisted)			X	X
Remove Promotion (Officer)			X	X
Administrative Demotion (Enlisted)				X
Administrative Separation				X
(ARC only) Transfer to Obligated Reserve Section or Non-obligated, Non-participating Ready Personnel Section				X

NOTES:

1 Commanders may render an individual ineligible for reenlistment rather than denying reenlistment by specifying ineligibility versus non-selection on the AF Form 418, Selective Reenlistment Program Consideration. This allows the flexibility of authorizing an individual to extend their reenlistment for either 4 or 7 months (7 or 12 for ARC) to improve their fitness level. Individuals non-selected for reenlistment are not allowed to extend for any reason and will separate on the date of separation (DOS). Commanders may complete a second AF Form 418 changing the member's ineligibility or non-selection status at any time.

2 For ARC, the use of this option should be weighed against use of administrative separation and is applicable where recall of this member would not jeopardize mission readiness.