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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*, DoD Instruction 1308.3, *DoD Physical Fitness and Body Fat Procedures*, AFI 40-101, *Health Promotion*, and Air Force Policy Directive (AFPD) 10-2, *Readiness*. This instruction applies to all Regular Air Force (RegAF), Air National Guard (ANG), and Air Force Reserve (AFR) members, except where noted otherwise. This instruction relates to AFI 10-203, *Duty Limiting Conditions*, AFI 34-266, *Air Force Fitness and Sports Programs* and AFI 40-104, *Health Promotion Nutrition*. This AFI may be supplemented at any level, but all supplements must be routed to AF/A1P 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 processes prescribed in this publication are maintained in accordance with AFMAN 33-363, *Management of Records*, and disposed of in accordance with the Air Force Records Disposition Schedule (RDS) located at **https://www.my.af.mil/afrims/afrims/afrims/rims.cfm.** This publication requires the collection and or maintenance of information protected by the Privacy Act of 1974 authorized by

10 U.S.C. 8013 and Executive Order 9397. The applicable Privacy Act SORN F036 AF A1 I, Fitness Program Case File, is available at **http://privacy.defense.gov/notices/usaf**/.

(433AW) This supplement implements and extends the guidance of Air Force Instruction (AFI) 36-2905, *Fitness Program.* It provides guidance that defines and implements specific procedures and policies applicable to all members assigned to the 433d Airlift Wing (AW). Refer recommended changes and questions about this publication to the Office of Primary Responsibility (OPR) using the AF Form 847, Recommendation for Change of Publication; route AF Forms 847 from the field through the 433d Wing Fitness Program Managers (FPM).

SUMMARY OF CHANGES

This publication has been substantially revised and must be completely reviewed. The summary of changes include requiring those members who score 90 or above on their Fitness Assessment (FA) and test in all four components to only test once a year; made Airmen responsible for maintaining currency; added component exemptions; deleted fitness patches; standardized number of failures for discharge recommendation, established a Fitness Assessment Cell (FAC) to centralize and standardize the administration of FAs; set biannual testing requirements for RegAF, NGB (Title 10/Statutory Tour), and AFR members; revised component weighting and scoring based on health-fitness hierarchy; established requirements to score a composite 75 and meet the minimum component value for each component to earn a passing fitness assessment score; made any score below the minimum component value for each component read zero; provided targets in each component; set an Altitude Time Correction for the aerobic component (1.5 mile run and 2.0 kilometer walk) for installations at 5,250 feet above sea level and greater; amended the walk-test; added a body mass index (BMI) screen and body fat assessment (BFA) for those Airmen who fail the abdominal circumference measurement but pass all three other components with a score of 75 points out of the remaining 80 points; and Air Force Fitness Program appeal requests will now be initially reviewed and approved or denied by the Wing Commander or equivalent.

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Chapter 1

COMMANDER'S INTENT

1.1. 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, muscular fitness training, and healthy eating. 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 Air Force 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 Air Force 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 2

RESPONSIBILITIES

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

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

2.2.1. Develops fitness standards.

2.2.2. Develops personnel policy and guidance for implementation/administration of the FP.

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

2.2.4. Coordinates with NGB/A1 and AF/REP on all fitness policy and guidance.

2.2.5. 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.

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

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

2.2.8. Provides software development to support the FP.

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

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

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

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

2.3.2. Programs and resources the medical aspects required to support the FP.

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

2.4.1. Develops and maintains guidance in this publication on personnel policy regarding implementation/administration of the FP.

2.4.2. Collaborates with AF/SG, Directorate of Services (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.

2.4.3. Obtains exercise science input from AETC/A3TH on matters relating to fitness standards and methods, research to further FA and FP, and technical matters related to fitness policy.

2.4.4. Provides oversight for the development and improvement of the Air Force Fitness Management System (AFFMS) software application.

2.5. Air Force Personnel Center (AFPC/DPSIM).

2.5.1. Works directly with AF/A1PP to support program administration.

2.5.2. Implements personnel policy.

2.5.3. Coordinates with Systems Programs Office (SPO) on FP software AFFMS based on guidance and policy.

2.5.4. Provides FP metrics to Air Force Personnel Center Services Directorate (AFPC/SV).

2.5.5. Oversees and executes the Fitness Assessment Appeals Board (FAAB) process.

2.5.6. Reviews fitness related AFBCMR submissions and provides a written advisory opinion to the AFBCMR.

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

2.6.1. Provides guidance on the development and implementation of medically-related intervention and training programs.

2.7. Air Force Personnel Center Services Directorate (AFPC/SV).

2.7.1. Provides technical assistance and program guidance to the base Fitness and Sport Centers (FSC) for installation Fitness Assessment Cell (FAC) implementation/operation. Develops classes/programs that support individual/group exercise and unit Fitness Improvement Programs at home station and deployed locations.

2.7.2. Develops and distributes Physical Training Leader-Basic (PTL-B) and Unit Fitness Program Manager (UFPM) training materials in consultation with Air Force Medical Operations Agency (AFMOA).

2.7.3. Submits HAF, MAJCOM, Services Installation Support Division, and FOA requests for AFFMS Super User access to system OPR.

2.7.4. Provides technical assistance and guidance to AFFMS Super Users/Fitness Information Managers (FIM), UFPM users. Provides FIM user roles to authorized base personnel. Forwards AFFMS operational and program issues to AFPC/DPSIM. **NOTE:** NGB/A1 will provide FIM user roles to authorized ANG personnel

2.7.5. Provides program guidance for healthy food options in-garrison and at deployed base dining facilities.

2.7.6. Acts as the liaison between AF/A1PP, AF/REP, NGB/A1, SG Exercise Physiology consultant, and installation FP personnel.

2.8. Air Force Medical Operations Agency (AFMOA).

2.8.1. Provides support and assistance for the medical aspects of the FP.

2.8.2. Develops medically-related intervention and training programs to include guidance for BE WELL, MTF provider, UFPM and Commander directed unit PTL-Advanced (PTL-A) trainings.

2.9. MAJCOM, National Guard Bureau (NGB), and Direct Reporting Unit (DRU) Commanders or Equivalent (Field Operating Agency (FOA) where applicable).

2.9.1. Ensures subordinate units execute the FP.

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

2.10. MAJCOM/A1, DRU/A1 or Equivalent.

2.10.1. Forwards metrics from AFPC to MAJCOM/CC.

2.10.2. Ensures UFPMs/PTLs are used to supplement FACs for testing in a manner that minimizes undue burden on units.

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

2.10.4. Forwards metrics from AFPC to FSS/CCs.

2.11. AFRC Fitness Program Manager (FPM).

2.11.1. Senior noncommissioned officer, officer, or civilian equivalent appointed by the AFRC/CC or AFRC/CV.

2.11.2. IMA Readiness Management Group/CC will appoint a senior noncommissioned officer or above as an FPM to train and support Individual Mobilization Augmentee (IMA) Program Managers and Base IMA Administrators.

2.12. Installation Commander, ANG WG/CC, or Equivalent.

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

2.12.1.1. Ensures equitable administration of FA throughout the installation.

2.12.2. Provides an environment that supports and motivates a healthy lifestyle through optimal fitness and nutrition IAW AFI 40-104, *Health Promotion Nutrition.*

2.12.3. Ensures commanders implement and maintain unit fitness programs.

2.12.4. Provides appropriate manpower, safe facilities, equipment, resources and funding to support the FAC and FP. Installation commanders will approve, in writing, the plan that appoints certified PTLs/UFPMs to augment the FAC to conduct FAs and input scores. Periodically reviews use of personnel to augment FAC operations to ensure they are used in a manner that minimizes undue burden on units.

2.12.4.1. Provides a location for administration of all components of the FA.

2.12.4.2. Approves 1.5-mile run/2.0-kilometer walk assessment course and files approval memorandum at FAC.

2.12.4.3. Plans, programs, and budgets training to support the installation FP. This includes UFPM and PTL training and the BE WELL education/intervention program.

2.12.5. ARC Wing CCs promote and support unit FP as mission requirements allow. Wing CCs will establish local guidance for subordinate Unit CCs regarding use of duty time for physical training (PT) during Unit Training Assemblies (UTA), Annual Tours (AT), and special tours.

2.12.5.1. 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 IAW with DoD Extreme Conditioning Program (ECP) guidance.

2.12.5.2. Coordinates with host Military Treatment Facility (MTF) to establish medical support for the fitness program, to include space-available access to BE WELL Program and EP support for exercise prescription and UFPM/PTL training.

2.12.5.3. **(Added-433AW)** Appoints Wing Fitness Program Managers (FPM).

2.12.5.4. **(Added-433AW)** Develops a Wing Fitness Supplement to give guidance to Units, Groups and Tenants assigned to the 433d Airlift Wing.

2.12.6. Designates, in writing, an individual to oversee the Fitness Assessment Cell (FAC), or Wing Fitness Program for ANG. This individual can be any AFSC and encouraged to be a NCO, SNCO or CGO. **NOTE:** At AFRC stand-alone bases, the EP oversees the FAC and is appointed by the Installation CC.

2.12.7. **(Added-433AW)** Group Commanders. **NOTE: 433 AW Specific Emphasis Item.**

2.12.7.1. **(Added-433AW)** Appoints two Managing Physical Training Leaders (MPTL) in writing, of which, one (1) should be a Company Grade Officer (CGO) or Senior Noncommissioned Officer (SNCO). At least one MPTL should be in a full time status.

2.12.7.2. **(Added-433AW)** MPTLs should be available for at least one year from the time of appointment.

2.13. Medical Group Commander (MDG/CC).

2.13.1. Provides medical support for the installation FP. Plans, programs, and budgets for medically-related intervention and training programs to include BE WELL and Commander directed unit PTL-A training.

2.13.2. Provides authorization and funding for qualified staff to provide appropriate behavior modification, nutrition, and fitness education for the FP.

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

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

2.13.4. Coordinates with AFMOA/SGHC to develop a plan to fulfill EP responsibilities, as detailed in paragraph 2.17., if installation does not have an EP.

2.13.5. **(Added-433AW)** A representative from the MDG will provide semi-annual Cardiopulmonary Resuscitation (CPR)/Automated External Defibrillator (AED) training to all PTLs on a biennial time line.

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

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

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

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

2.15.1. Ensures quality control for fitness referrals and exercise prescriptions provided by the EP, ARC FPM, or MDG/CC appointed alternate, related to DLCs.

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

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

2.15.2.1. 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*.

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

2.16. Health Promotion Flight Commander/Element Chief. NOTE: ARC as applicable.

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

2.16.2. Ensures exercise, nutrition, and behavioral health education programs are incorporated into required FP education and implements AFMOA Health Promotion Operations approved BE WELL Program.

2.16.3. Partners with FSS/CC/CL and food facility directors to provide healthy food options and a healthy eating awareness program at FSS facilities.

2.17. Exercise Physiologist (EP)

2.17.1. Serves as the subject matter expert on exercise science and impact of medical issues on the Installation FP.

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

2.17.3. Provides initial and annual refresher "Leading Group Exercise" training, certifying PTL-As to lead Commander directed unit PT for those units identified to have a mandatory group PT program in place.

2.17.3.1. Commanders that direct a unit-led PT program will define their group PT program in written policy and provide a copy to the installation EP. Only those units with a written policy are able to pursue PTL-A certification.

2.17.3.2. Only awards PTL-A certification to those individuals that possess current PTL-B certification.

2.17.4. Conducts Staff Assistance Visits (SAVs) on Commander directed unit-led PT programs at the request of commanders (or equivalent). **NOTE:** only applicable for those units who define their group PT program in writing IAW paragraph 2.17.3.1.

2.17.5. Provides initial and refresher training for MDG providers on the FP and its impact on medical evaluations.

2.17.6. Provides exercise assessment, prescription and counseling, or rehabilitation program IAW 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 or ARC EP where applicable.

2.17.6.1. Provides documentation of exercise recommendations on AF Form 422, *Notification of Air Force Member's Qualification Status* when a member is referred by their healthcare provider, UFPM, Commander, or self-referral.

2.17.7. Attends the Installation Deployment Availability Working Group (DAWG).

2.17.8. Completes the required certifications and training as directed by Air Force Medical Support Agency and Air Force Medical Operations Agency.

2.17.8.1. Provides fitness expertise, education and intervention IAW **Chapter 6**.

2.17.8.2. Provides annual training for FSC staff on topics relating to physical activity.

2.17.9. Ensures FAC Manager is informed of available HP programs, BE WELL availability, and exercise prescription process for UFPM training.

2.18. AFRC Installation EP/ Fitness Program Manager

2.18.1. Serves as the subject matter expert on exercise science and as the fitness program expert for the ARC FP.

2.18.2. Provides guidance and recommendations on unit PT programs as requested by Unit CCs.

2.18.3. Provides initial and refresher training for ARC PTL's to lead Commander directed unit PT for those units identified to have a mandatory group PT program in place (PTL-A, if required) and conduct FAs (PTL-B).

2.18.4. Only awards PTL-A certification to those individuals that possess current PTL-B certification.

2.18.5. Provides initial and refresher training for ARC Fitness Program Medical Liaison Officer (MLO) regarding FP policies procedures.

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

2.18.7. Provides exercise assessment, prescription and counseling, or rehabilitation program IAW functional limitations provided on AF Form 469, *Duty Limiting Condition Report*.

2.18.8. Provides documentation of exercise recommendations on AF Form 422, *Notification of Air Force Member's Qualification Status* when a member is referred by their healthcare provider, UFPM, Commander, or self-referral.

2.18.9. Attends the Installation Deployment Availability Working Group (DAWG).

2.18.10. Coordinates with HQ AFRC FPM to report adverse events related to FP participation to AFRC/SGPH and AFRC/A1.

2.18.11. Assigns AFFMS UFPM roles.

2.18.12. Ensures exercise, nutrition, and behavioral health education programs are incorporated into required FP education and implements AFMOA Health Promotion Operations approved BE WELL Program.

2.18.13. Conducts weekday FAs and manages UTA FA testing schedule utilizing PTL augmentees.

2.19. Fitness Program Manager (FPM) for ARC units.

2.19.1. Serves as the fitness program expert for the ARC FP when no EP exists. Completes UFPM/PTL training/certification within 90 days of appointment. **NOTE:** will obtain a minimum PTL-B certification. PTL-A certification will be pursued as required.

2.19.1.1. **(Added-433AW)** Is appointed by the Wing Commander, and should be a full-time member of the 433 AW. One (1) must be a SNCO or a CGO or above. The FPM must be able to maintain a passing score on the Fitness Assessment and should be a fitness example to the Wing, promoting fitness and a healthy lifestyle throughout the Wing.

2.19.1.2. **(Added-433AW)** Recommends names to group commanders to appoint Managing Physical Training Leaders (MPTLs) to oversee and perform the Fitness assessments during the Unit Training Assemblies (UTA).

2.19.2. Provides guidance and recommendations on unit PT programs as requested by Unit Commander.

2.19.3. Ensures ARC UFPMs/PTLs are trained and certified to lead unit PT (PTL-A, if required) and conduct FAs (PTL-B) if not collocated with a base. Secures training/certification at collocated base HAWC, if space is available, or utilizes remote/online training options if HAWC access/space is unavailable. Ensures all PTLs (Basic and Advanced) are trained for Basic Life Support (BLS) and in the use of an Automated External Defibrillator (AED).

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

2.19.4.1. **(Added-433AW)** Conducts and documents an annual audit of each UFPM's fitness program to ensure standardization and compliance with AFI 36-2905 and AFI 36-2905_433AWSUP across the Wing. The audit includes a thorough review of files, forms, continuity binders.

2.19.4.2. **(Added-433AW)** Conducts and documents an annual audit of MPTL's performance while conducting fitness assessments.

2.19.5. Provides initial and refresher training for ARC Fitness Program Medical Liaison Officer (MLO) regarding FP policies procedures.

2.19.6. Coordinates with HQ AFRC FPM to report adverse events related to FP participation to AFRC/SGPH and AFRC/A1.

2.19.7. Assigns AFFMS UFPM roles.

2.19.8. **(Added-433AW)** Acts as the Fitness liaison between the Wing Commander and all wing personnel. The FPM must keep the Wing Commander apprised of the wing's fitness status.

2.19.9. **(Added-433AW)** Maintains current appointment letters, Cardio Pulmonary Resuscitation/ Automated External Defibrillator (CPR/AED) certifications, and documentation of training requirements for all Wing UFPMs and PTLs in the Wing Fitness Program Manager Continuity binder.

2.19.10. **(Added-433AW)** Inventories FA related equipment quarterly, ensuring supplies are adequate and equipment is operating correctly.

2.19.11. **(Added-433AW)** Conducts quarterly fitness meetings to keep all UFPMs/PTLs current on any fitness matters.

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

2.20.1. Receives initial and refresher training provided by the EP, or FPM if no EP exists, regarding FP policies/procedures.

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

2.20.2.1. Validates FP medical exemption recommendations by Primary Care Provider.

2.20.2.2. Completes 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 5**. **NOTE:** to be completed by EP at ARC stand-alone bases, if available.

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

2.20.2.4. Reviews high-risk FSQ for further disposition.

2.21. MTF Provider.

2.21.1. Maintains current information on FP policy, FSQ screening, medical conditions, and medications affecting FAs and DLC procedures as pertains to the FP.

2.21.2. Receives initial and refresher training provided by the EP (FPM for ARC where applicable) regarding the impact of medical issues on FP policies and procedures.

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

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

2.21.5. Evaluates members to determine whether the member has a medical condition that precludes him/her from achieving a passing score on the fitness assessment, as requested by EP (FPM for ARC), member's commander, or UFPM.

2.21.6. Refers activity duty members for exercise assessment, prescription and counseling, or rehabilitation program when medically appropriate.

2.22. Force Support Squadron Commander/Director (FSS/CC/CL).

2.22.1. Responsible for overall functioning and management of the FSC and the FAC. Ensures all FAC staff, FAC augmentees, and MTLs have been fully trained and are a minimum PTL-B certified prior to conducting official FAs. Ensures adequate facilities and other resources are available to support fitness operations in-garrison and at deployed locations.

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

2.22.3. Ensures food facility directors/activity managers provide healthy food options and a healthy eating awareness program at FSS facilities in consultation with the Health Promotion Flight Commander/Element Chief.

2.22.4. Ensures Fitness Center Director and staff are trained and prepared to support FP in-garrison and at deployed locations. The exceptions are Non-Appropriated Fund (NAF) employees, contract civilians, and Appropriated Fund (APF) employees who only work the front desk, maintenance, and sports field operations.

2.22.4.1. Ensures FSC staff is trained (as required) 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).

2.22.4.2. Provides unit and collocated ARC PTLs a thorough FSC orientation to include group PT class setup, equipment use, and safety procedures.

2.22.5. Reports monthly FA statistics to wing/CC, unit/CC or designee in accordance with paragraph 9.1.2.2.

2.22.6. Ensures food service personnel have knowledge, skills, and training necessary for food preparation that will maximize the nutritional value of foods and promote the purchase and consumption of healthy food options.

2.22.7. Responsible for identifying an installation POC to conduct the FA procedures training of PTL-B certification. Ensures identified trainer tracks PTL-B certification and only provides FA procedures training to those individuals that possess and present a current CPR certification card. **NOTE:** AFRC EPs retain the responsibility of providing FA procedures training to their servicing population.

2.23. Fitness Assessment Cell (FAC) Augmentee.

2.23.1. Military UFPMs and PTLs selected to augment the FAC in the administration of FAs are known as FAC augmentees. All PTLs and UFPMs, regardless of certification level as PTL Basic or Advanced, may augment the FAC however they must possess a minimum PTL-B certification. **NOTE:** All FAC augmentees will be military members.

2.23.1.1. Completes FAC-provided refresher training on FA procedures at the beginning of their FAC rotation. This refresher training will include an overview of proper FA

procedures as well local FA instruction and must be completed prior to conducting any FAs as a FAC augmentee.

2.23.2. When conducting FAs, FAC augmentees will read the component instructions in **Attachment 5** to all Airmen and demonstrate the proper technique, or show the Air Force instructional video. If the instructional video is shown, instructions reading and demonstration is not required. The video can be found at: **http://www.afpc.af.mil/affitnessprogram/index.asp**.

2.23.3. Reviews FSQs completed the day of the FA and notifies UFPM of any member with high-risk responses on the FSQ for referral to a Health Care Provider. If member has a component exemption, the member must present a current AF Form 469 at the time of testing. **NOTE:** ANG members with high-risk responses on the FSQ will be referred to MLO.

2.23.4. Completes Written Order at **Attachment 18** prior to administering any FAs as a FAC augmentee. Provides signed written order to FAC Manager for filing.

2.23.5. Administers all portions of the FA IAW **Chapter 3.** Will not test Airmen from their own unit/ Personal Accounting Symbol (PAS) code.

2.23.5.1. FAC augmentees of the same gender will perform all AC measurements. Where a FAC augmentee of the same gender is not available, an observer of the same gender must be present.

2.23.5.2. Supervises Airmen conducting push-ups, sit-ups, and the 1.5 mile run/2.0-kilometer walk at a ratio of no more than 12 members for every one FAC augmentee. When multiple Airmen are testing, they will pair off and count for each other while the FAC augmentee provides oversight to ensure proper form and repetition count. **NOTE:** ARC may deviate from 12:1 ratio when weekend testing requires a ratio greater than 12:1 but will not exceed a ratio greater than 24:1. ARC members must be in a military duty status while the FA is being administered. ARC UFPM/PTLs may administer the test in any status.

2.23.5.3. Documents FA results on a hard copy AF Form 4446, *Air Force Fitness Assessment scorecard*, signs the score sheet, and obtains member's signature on the score sheet, acknowledging run/walk time, abdominal circumference measurements, and muscular fitness repetitions. Provides a copy of the signed score sheet to member for his/her personal records. The FAC must maintain a file copy of the AF Form 4446, FSQ, and any applicable AF Form 469s on all members who received an Unsatisfactory FA until they achieve a passing FA score or 24 months, whichever is earlier. **NOTE:** Use of the AF Form 4446 is mandatory. Locally produced scorecards cannot be used.

2.23.5.4. At locations not collocated at a major AF installation (i.e. GSUs, Detachments, etc.), UFPMs and PTLs will fulfill the roles of the FAC by conducting FAs and inputting scores. These UFPMs and PTLs will ensure all portions of the FA are administered IAW **Chapter 3.** FAs will be conducted by a certified PTL from a different unit/ Personal Accounting Symbol (PAS) code than the member being tested. Procedures to ensure this direction is adhered to will be determined by local leadership.

2.24. Fitness Assessment Cell (FAC) Manager.

2.24.1. Operates in the Fitness and Sports Section (FSVS) as part of the FSV within the FSS. **NOTE:** Non-collocated ANG units will use UFPMs/PTLs to fulfill the roles of the FAC Manager/Augmentee.

2.24.2. Ensures all FAC augmentees have completed PTL-B certification prior to administering any FAs.

2.24.3. Provides refresher training on proper FA procedures to include instructions pertinent to local administration. All FAC augmentees will complete refresher training prior to conducting any FAs as a FAC augmentee.

2.24.4. Trains UFPMs on their responsibilities, FA procedures, AFFMS and unit metric reports. Provides UFPM or designated unit representative blocks of testing dates and times for FAs. **NOTE:** AFFMS training materials will be provided by AFPC/SV.

2.24.5. Procures, maintains, and replaces FA equipment as needed.

2.24.6. Oversees use of AFFMS by UFPMs and assigns AFFMS user roles and privileges to authorized personnel.

2.24.7. Ensures FA scores are entered into AFFMS within five duty days by Fitness and Sports Center personnel or designated UFPMs/FAC augmentees per local guidance. UFPMs/FAC augmentees will not update scores for members from their own unit/Personal Accounting Symbol (PAS) code.

2.24.8. Ensures all portions of the FA are administered IAW **Chapter 3.**

2.24.8.1. When using unit PTLs/UFPMs to augment the FAC, ensures FAC augmentees do not test members from their own unit/ Personal Accounting Symbol (PAS) code.

2.24.9. Files Written Orders signed by all FAC augmentees **(Attachment 18)**.

2.24.10. Notifies UFPMs of all FA failures.

2.24.11. Conducts Staff Assistance Visits (SAVs) on unit fitness programs at the request of commanders (or equivalent).

2.24.12. Files copy of AF Form 4446, AF Form 469 (as applicable), and FSQ for all tests administered by FAC and maintains for one year. NOTE: In cases where no FAC exists, the UFPM files and maintains these copies.

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

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

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

2.25.2. Implements and maintains a unit/squadron PT program in accordance with guidance at **Attachment 2** and **Attachment 3**. Commanders will consult with the EP/FPM to assist unit PTLs in developing safe and effective PT programs. While not mandatory, Unit Commanders are encouraged to provide written guidance to Airmen describing fitness expectations.

2.25.3. Ensures unit members maintain FA currency as prescribed in paragraph 3.12.

2.25.4. 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.

2.25.5. Appoints individuals in writing to conduct FAs in support of the FAC (FAC augmentees). Ensures appointed FAC augmentees receive initial and refresher PTL-B training/certification prior to administering any official FAs.

2.25.5.1. If Commander directed group PT is implemented in the unit, appoints PTLs in writing to lead unit PT. Ensures appointed PTLs receive initial and refresher training/PTL-A certification from the EP/FPM prior to overseeing and conducting the unit PT.

2.25.5.2. PTLs and FAC augmentees must be available a minimum of 1 year from the time of appointment.

2.25.6. Appoints a UFPM in writing and ensures current appointment letter is filed with the FAC.

2.25.7. Administers personnel actions for failure to comply with the FP.

2.25.7.1. Ensures all assigned or attached unit personnel are in compliance with all FP requirements (e.g., unit PT, scheduled FAs, maintaining currency, Health Promotion/HAWC classes and participation in BE WELL Program, etc. if applicable).

2.25.7.2. Documents command response to Unsatisfactory fitness scores on FAs IAW paragraph 8.2 of this instruction. Elevates matters to higher command where appropriate.

2.25.7.3. Ensures open and closed fitness case files are sealed and mailed to the gaining commanders of members departing for Permanent Change of Station (PCS), Permanent Change of Assignment (PCA), or transferring ARC units. The losing UFPM will retain a copy for 90 days.

2.25.8. Ensures members who are due to take their FA and are returning from deployment, extended TDY (> 30 days), or having just completed a PCS are assessed after the period of acclimatization (42 days from return to home station for RegAF, NGB Statutory Tour, and AGR (Title 10 & 32) and 90 days for other ARC members) unless member volunteers to take his/her FA earlier. The period of acclimatization starts when the member officially signs in to their unit prior to taking reconstitution time, leave or permissive TDY. See Chapter 5 for additional information.

2.25.9. Ensures member's FA score is current prior to deployment, extended TDY (> 30 days), PCS, and for attending PME or training courses.

2.25.10. Directs unofficial unit-run practice tests, at his/her discretion. Tests conducted as unofficial practice tests cannot be counted as official.

2.25.10.1. Practice/unofficial 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. **NOTE:** chain of command will refrain from taking adverse action based solely on the results of unofficial practice tests.

2.25.10.2. Commanders may refer and track members not meeting standards for BE WELL or other Fitness and Education Intervention programs.

2.25.11. Commanders will recommend to the MDG/SGP or EP that a medical review be accomplished for any Airmen who has received four component exemptions in a 24-month period.

2.26. Air Reserve Component (ARC) Commander.

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

2.26.2. 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.

2.26.3. May authorize points and pay to accomplish mandatory BE WELL Program, and to receive counseling from Health Promotion staff at the HAWC. This does not include authorization of points or pay for the sole purpose of performing a FA. **NOTE:** IMAs may be put in status to serve IDT locally in order to maintain currency.

2.26.4. **(Added-433AW)** Appoints two Unit Fitness Program Monitors (UFPM) in writing. One (1) UFPM should be in a full time status if possible.

2.26.5. **(Added-433AW)** Appoints, at a minimum, three (3) Physical Training Leaders (PTL) for units with less than one hundred (100) members assigned and one (1) for every additional fifty (50) members assigned for larger units to assist with wing testing. PTLs will assist with wing testing for a minimum of one year based on the needs of the Wing MPTLs.

2.26.6. **(Added-433AW)** Meets with or delegates a person to meet with members after each Fitness Assessment failure.

2.26.7. **(Added-433AW)** Squadron commanders or their designees are the only UTA excusal approval authorities for members in SFIP.

2.27. Deployed Unit Commander.

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

2.27.2. Appoints deployed PTLs to facilitate unit PT program (if required) and administer FAs. Required PTL certification level (Basic or Advanced) is dependent upon unit having a commander-directed mandatory fitness program.

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

2.27.4. Ensures PTLs conducting official FAs are PTL-B certified by Expeditionary FSS and do not administer FAs to members within their own unit/PAS code.

2.27.5. Ensures PTLs forward the signed AF Form 4446 to PERSCO, who in-turn will forward it to AFFOR/A1 for update in AFFMS.

2.28. Unit Fitness Program Manager (UFPM).

2.28.1. Must be PTL-B certified to conduct official FAs and will augment the FAC to conduct official FAs, but will not test members from their own unit/PAS code or update

scores in AFFMS on members from their own unit/PAS code. Where a FAC does not exist (GSUs, Detachments, etc.) the UFPM and PTL will fulfill the roles of the FAC in conducting FAs and inputting scores in AFFMS. This may include obtaining access to the AFFMS and training by servicing FAC manager within 30 days (90 days for ARC) of appointment by Unit CC. Where no FAC exists, UFPMs will enter FA scores into AFFMS within 5 duty days.

2.28.2. Provides FSQ to member to complete prior to any official or command-directed unofficial/practice FA. FSQ will be completed by member no earlier than 30 days (90 days for ARC) and no later than 7 days prior to FA. Reviews completed FSQ prior to allowing any member to conduct an official FA. Refers any member with high-risk responses on the FSQ to a Provider or MLO for ANG. Retains a current copy of the FSQ for each unit member.

2.28.3. Schedules individuals for FAs. Communicates status of deployed unit personnel to FAC IAW 3.12.4.3.

2.28.4. Informs Airmen of BE WELL program requirements per AFMOA guidance and inputs start date in AFFMS. See paragraph 10.4 for notification requirements.

2.28.4.1. ARC members in the Unsatisfactory fitness category must complete the online BE WELL Program IAW paragraph 3.12.3. The online option of this program can be accessed via the Advanced Distributed Learning Service (ADLS) system. If available, Airmen may volunteer or be commander directed to attend in-person. Pay and points may be authorized to accomplish mandatory BE WELL Program. Notifies FAC, or Wing FPM for ANG, of member's completion of BE WELL for update in AFFMS.

2.28.4.2. Notifies unit commander of members failing to show for any BE WELL appointment IAW paragraph 10.4.6.

2.28.5. Initiates and maintains fitness program case file IAW **paragraph 8.2**. All UFPMs will ensure case files are maintained in a secured location.

2.28.6. Provides fitness metrics and unit status report to the Unit Commander/unit leaders monthly IAW paragraph 9.1.2.1

2.28.6.1. Notifies Unit Commander when an Airman has received 4 component exemptions in a 24-month period.

2.28.7. Ensures PTLs are informed on local FA processes and procedures.

2.28.8. Refers Airmen IAW AFI 10-203 paragraph 3.2.1.3. and for pregnancy, to the EP for an exercise assessment, prescription and counseling, or reconditioning program. ARC members not co-located at an active duty base will be advised to consult a personal care provider/trainer or base ARC EP as applicable.

2.28.9. Maintains a minimum Satisfactory score on the FA.

2.28.10. **(Added-433AW)** Notifies the FPMs and MPTLs by 1200 hours on the Saturday prior to UTA testing with the names of PTLs who will be assisting in the fitness assessment.

2.28.11. **(Added-433AW)** Conducts monthly meetings with all airmen enrolled in SFIP and reviews their current fitness status.

2.28.12. **(Added-433AW)** Send names of individuals who failed their fitness assessments' to the Commander's Support Staff for an appointment with the commander before the end of the UTA.

2.28.13. **(Added-433AW)** Maintains CONTINUITY BINDERS/FILES which will include the following: Tab 1 - Current Member Status Report from AFFMS (Landscape); Tab 2 - Copy of most recent FSQ on all members.

2.28.14. **(Added-433AW)** Managing Physical Train Leader (MPTL). **NOTE: 433 AW Specific Emphasis Item.**

2.28.14.1. **(Added-433AW)** Each of the four (4) Groups in the 433 AW will have two (2) Managing PTLs (MPTL) with at least one in the rank of Master Sergeant, Company Grade Officer or above.

2.28.14.2. **(Added-433AW)** The MPTL will remain in place for at least one year.

2.28.14.3. **(Added-433AW)** The MPTL will have AFFMS access to enter all fitness scores/exemptions into AFFMS. This will be accomplished before close of business of the test date or no later than 5 days after the FA.

2.28.14.4. **(Added-433AW)** MPTLs will not update scores or exemptions for their own unit/Personal Accounting Symbol (PAS) code.

2.28.14.5. **(Added-433AW)** All 433d Airlift Wing Group MPTLs will report to the Wing Fitness Program Manager (FPM).

2.28.14.6. **(Added-433AW)** MPTLs and PTLs are authorized to wear distinctive clothing while administering Fitness Assessments to help identify them as test administrators.

2.29. Physical Training Leader-Basic (PTL-B).

2.29.1. Obtains PTL-B certification prior to administering any FAs. PTL-B includes annual and refresher training on BLS and FA procedures.

2.29.1.1. Completes BLS training prior to attending FA procedures training. Maintains BLS currency while serving as PTL.

2.29.1.2. Completes all refresher training annually for the duration of appointment as a PTL.

2.29.2. ARC PTL-Bs at collocated bases will receive initial and refresher training from RegAF FSS/FPM, and will be trained to complete official FAs. ARC PTL-Bs will supplement the host FAC to support ARC official FAs IAW paragraph 7.4.

2.29.2.1. **(Added-433AW)** Should be available for at least one year after appointment to assist the MPTL with Fitness Assessments on the UTAs.

2.29.2.2. **(Added-433AW)** Completes required PTL training within one UTA of being appointed as a PTL.

2.29.3. Augments FAC to support installation FA administration and AFFMS score updates.

2.29.4. Conducts all portions of the FA IAW **Chapter 3.**

2.29.4.1. Documents FA results on a hard copy AF Form 4446, signs scorecard, and obtains member's signature on the scorecard, acknowledging run/walk time, abdominal circumference measurements, and muscular fitness repetitions. PTL provides a copy of the signed scorecard to FAC (or UFPM where no FAC exists) for AFFMS entry and to member for their personal records.

2.29.5. Can conduct unofficial practice tests on members of their own unit. Tests conducted as unofficial practice tests cannot be counted as official. **NOTE:** ARC member testing must be in a military status when taking official and unofficial practice tests.

2.29.6. Maintains a minimum Satisfactory score on the FA.

2.29.7. Wears Uniform of the Day (UOD) or PT uniform when administering official and unofficial FAs. Local leadership will establish which uniform (UOD or PT Uniform) must be worn in the performance of this duty.

2.30. Physical Training Leader-Advanced (PTL-A).

2.30.1. Obtains PTL-B certification prior to pursuing PTL-A certfication. PTL-A certification consists of PTL-B certification plus EP-provided "Leading Group Exercises" training.

2.30.2. Leads CC-approved unit PT and conducts all portions of the FA IAW **Chapter 3.**

2.30.3. Can conduct unofficial practice tests on members of their own unit. Tests conducted as unofficial practice tests cannot be counted as official if a member achieves a passing score. **NOTE:** ARC member testing must be in a military status when taking official and unofficial practice tests.

2.30.4. Documents FA results on a hard copy AF Form 4446, signs scorecard, and obtains member's signature on the scorecard, acknowledging run/walk time, abdominal circumference measurements, and muscular fitness repetitions. PTL provides a copy of the signed scorecard to FAC (or UFPM where no FAC exists) for AFFMS entry and to member for their personal records.

2.30.5. Maintains a minimum Satisfactory score on the FA.

2.30.6. Wears Uniform of the Day (UOD) or PT Uniform (PTU) when administering official and unofficial FAs. Local leadership will establish which uniform (UOD or PTU) must be worn in the performance of this duty.

2.31. Member.

2.31.1. Maintains individual year-round physical fitness through self-directed and unit-based fitness programs and proper nutrition standards.

2.31.2. All Airmen are responsible for:

2.31.2.1. Knowing the block of time within which his or her FA is required in order to remain current IAW paragraph 3.12.

2.31.2.2. If not scheduled in a period required to remain current, notify the UFPM, designated FAC representative, or superior authority, in writing (includes e-mail) of the need to schedule the FA and requests that it be scheduled immediately for accomplishment within the required window.

2.31.2.3. Remaining current as defined in paragraph 3.12. Failure to remain current, as well as failure to attain a passing score on the applicable FA before the end of any evaluation reporting period, will result in a "DOES NOT MEET STANDARDS" rating on the OPR/EPR.

2.31.2.4. Monitoring any personal FA exemptions, scheduling all necessary medical appointments, and initiating FA test arrangements in a timely manner.

2.31.2.5. Seeking medical evaluation/intervention if a medical condition is believed to impact his/her ability to complete the FA.

2.31.3. Completes FSQ IAW paragraph 3.3.2. If the member arrives at the FAC without a FSQ, the FAC staff/augmentee will ensure the member completes a FSQ for review before the FA is administered. **NOTE:** Failure to complete FSQ does not invalidate the FA. FAC will document any cases where FSQ is not complete and attach to FA.

2.31.3.1. Upon completion of FSQ provides copies of FSQ to UFPM and FAC member prior to FA.

2.31.3.2. If the member has a medical condition or identifies a medical condition on the FSQ that would limit him/her from completing all components of the FA and he/she does not have a current AF form 469 documenting FA exemptions, the member must notify his/her UFPM and schedule an appointment with his/her MTF (ANG MLO). A new FA appointment must be scheduled within 5 duty days (90 days for ANG) of the original FA date. **NOTE:** If no FA appointments are available within this timeframe, member must be scheduled for first available FA appointment and notify their UFPM. Failure to comply with this direction will be addressed by member's leadership.

2.31.3.3. Notifies UFPM upon receiving an AF Form 469 from healthcare provider with Fitness Restrictions and/or Fitness Assessment Exemptions IAW AFI 10-203. Provides a copy of AF Form 469 to FAC staff/augmentee/PTL prior to taking FA.

2.31.3.4. Submits an updated FSQ prior to completing FA if health condition changes at any time prior to FA.

2.31.4. If entered into intervention program(s), meets all program requirements and if appropriate, provides documentation of compliance IAW **Chapter 6.**

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

2.31.6. Will acknowledge FA component results by signing hard copy AF Form 4446 following completion of the FA. Refusal to sign the scorecard does not invalidate the FA results.

2.31.7. Will wear the Air Force PT uniform to complete all components of the FA IAW AFI 36-2903, *Dress and Personal Appearance of Air Force Personnel*. **NOTE:** Due to operational requirements AFOSI special agents are authorized to complete official fitness assessments without meeting dress and appearance requirements as outlined in AFI 36-2903 , but must be capable of providing documentation to confirm grooming waiver is in effect. AFOSI agents in this status may wear suitable civilian PT clothing during testing.

2.31.8. ARC members must ensure they are in an approved military status for FAs. Appropriate military duty status for FAs is IAW AFI 36-2254V1. FAs may be performed in

the following statuses: Active duty status: Annual Tour (AT), Initial Active Duty Training (IADT), Proficiency Training (PT), Reserve Personnel Appropriation (RPA)/Military Personnel Appropriation (MPA), Reserve Management Period (RMP), and School Tour. Inactive Duty Status: Inactive Duty Training (IDTs) and Unit Training Assemblies (UTAs).

2.31.8.1. No other duty status, i.e., Equivalent Reserve Instruction (ERI), Equivalent Training (ET), Additional Training Period (ATP), Additional Flying Training Period (AFTP), Ground Training Period (GTP), etc., is an appropriate status to be used for the performance of the FA requirement.

2.31.9. Understand and comply with the guidelines contained in AFI 44-102, *Medical Care Management* regarding the use of weight control drugs and surgery.

Chapter 3

FITNESS ASSESSMENT

3.1. 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 component minimums identified in **Attachment 10** (and **Attachment 12** if taking the 2.0-kilometer walk test).

3.1.1. Scoring. Minimum component points do not constitute the minimum required to earn a composite passing score and points below the required minimum component values read zero. Scoring the minimum component points 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.

3.1.2. Target values are designed to illustrate a combination of component points which would equal an overall 75 composite score. Airmen failing to meet a target component value, but still scoring at or above the minimum component point value (lowest "fitness/health risk" limit), can still pass the assessment by exceeding targets in other components.

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

3.1.4. A FA will be deemed official or unofficial prior to the administration of the first component. A FA started as official cannot be changed to unofficial during administration. Likewise, a FA started as unofficial cannot be changed to official.

3.2. Fitness Assessment Components.

3.2.1. Body composition component.

3.2.1.1. Evaluated by abdominal circumference (AC) measurements.

3.2.2. Aerobic component.

3.2.2.1. Evaluated by the 1.5-mile timed run.

3.2.2.2. Alternative Aerobic Test: Members not medically cleared to complete the 1.5-mile run will be assessed by the 2.0-kilometer walk as determined by the PCM or ANG MLO unless otherwise exempted.

3.2.3. Muscular fitness component.

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

3.3. Fitness Assessment Requirements. FAC augmentees will conduct the FA for all Airmen (RegAF, AFR, and ANG), (except basic military and technical training students, tested by training cadre PTLs/MTLs IAW paragraph 7.1.3) and will support FAs for ARC tenant units at active duty installations to include UTA weekends. Installations will develop a local plan, signed by the Installation Commander, for Unit Commanders to appoint PTLs and UFPMs to

augment the FAC for the purpose of administering FAs. FAC augmentees will conduct FAs and the designated FAC Manager will provide oversight. FAC augmentees *will not* test members from their own unit/PAS code. FA scores will only be updated by Fitness and Sports Center personnel, or designated UFPMs/FAC augmentees per local guidance. **NOTE:** UFPMs/FAC augmentees *will not* update FA scores in AFFMS for personnel from their own unit/PAS code. Fitness Center staff should not be used to augment the FAC to conduct FAs.

3.3.1. FA procedures training will cover official testing procedures, using the AF/A1 approved standardized slides, and will not be deviated from under any circumstances. UFPMs and PTLs augmenting the FAC must possess PTL-B certification and complete refresher FA procedure training prior to administering any FAs as a FAC augmentee.

3.3.2. All members must complete the FSQ (**Attachment 4**) and provide it to their UFPM (Wing FPM for ANG) for review prior to FA. If the member arrives at the FAC without a FSQ, the FAC will ensure the member completes a FSQ for review before the FA is administered. **NOTE:** Failure to complete FSQ does not invalidate the FA. FAC will document any cases where FSQ is not complete and attach to FA.

3.3.2.1. The FSQ will 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.

3.3.2.2. A medical provider must evaluate all members with health issues identified on the FSQ prior to the FA. If any item on the FSQ indicates a condition which might limit performance of any component of the FA, and there is not an accompanying current AF Form 469, the UFPM will refer the member for medical evaluation. The member will carry the FSQ to the medical evaluation. The provider or ARC MLO will complete and sign the appropriate place on the FSQ, and complete an AF Form 469 if applicable, and the member will return the FSQ to the UFPM and/or FAC.

3.4. Assessment Procedures.

3.4.1. All components of the FA must be completed within a 3-hour window on the same day. If FAC staff/augmentees determine extenuating circumstances prevent completion of the test (e.g., rapidly changing or severe weather conditions, emergencies, injury during FA, or 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 military duty status for assessments. ARC Airmen will be required to retest the next date they are in appropriate military duty status and official FAs are being conducted.

3.4.2. Airmen only have one opportunity to complete each of the FA components per FA. If an Airman refuses to complete their FA due to failing to meet the minimum in one or multiple components, their incomplete FA will still count and be updated in AFFMS. Scores for all components are final when entered into AFFMS.

3.4.2.1. Illness or injury during the FA. If an Airman becomes injured or ill during the FA, he/she will have the option of being evaluated at the Medical Treatment Facility (MTF) whether they complete the FA or not. Before departing the test location, Airmen must notify the FAC of the presence of illness/injury by checking the illness/injury block on the AF Form 4446.

NOTE: ARC Airmen must promptly report any medical condition (i.e. disease, injury, operative procedure or hospitalization, etc) that might impact their utilization and readiness to his or her commander, supervisor, or supporting military medical facility personnel. Each commander and supervisor must notify the servicing medical facility when he/she becomes aware of any changes in an ARC member's medical status including any medical condition that occurred during the FA and/or prevented the member from completing the FA. Any concealment or claim of disability proven to be made with the intent to defraud the government may result in appropriate punitive action under the Uniform Code of Military Justice or appropriate administrative action.

3.4.2.1.1. If an Airman checks the illness/injury block of the AF Form 4446, the FAC staff (or UFPM where no FAC exists) will sign the form acknowledging that they will hold scores to allow for medical evaluation and Commander review. Additionally, the FAC staff will transmit a copy of the AF Form 4446 to the UFPM for the Unit Commander's review within two duty days. For RegAF and AGR Airmen, the FAC (or UFPM where no FAC exists) will enter the FA results in AFFMS on the 6th duty day if the Commander does not invalidate test results or no response from the Commander is received within this timeframe. For non-AGR and Traditional ARC Airmen, the FAC (or UFPM where no FAC exists) will enter scores into AFFMS at the conclusion of the next UTA if the Commander does not invalidate the test results or no response from the Commander is received within this timeframe.

3.4.2.1.1.1. **(Added-433AW)** In case of emergency, call 911 and contact the 433 AW Command Post at (210) 925-4330.

3.4.2.1.2. If the medical evaluation validates the illness/injury (**Attachment 15**), the Unit Commander may invalidate the FA results by checking the "I render this test invalid" block of the AF Form 4446, signing, and returning the form to the FAC. If the FA is invalidated, the Airman will be required to retest on all non-exempt FA components within five duty days from original FA test date. If an AF Form 469 is required, an additional five duty days from medical evaluation date will be allowed for the AF Form 469 to be generated and provided. Non-AGR and Traditional ARC Airmen will be required to retest the next date they are in appropriate military duty status and official FAs are being conducted. **NOTE:** Original FA will count unless rendered invalid by the Unit Commander.

3.4.2.1.3. Airmen will notify their Commander within one duty day of the FA regarding the injury/illness to ensure communication regarding test validity with the MTF and FAC staff occurs prior to score entry into AFFMS.

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

3.4.4. The muscular fitness components (push-ups and sit-ups) may be accomplished before or after the 1.5-mile run or 2.0-kilometer walk according to the installation FACs established procedures.

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

3.5. Body Composition Assessment.

3.5.1. Height and Weight.

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

3.5.2. Abdominal Circumference (AC).

3.5.2.1. 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 7**.

3.6. Body Composition Assessment Procedures.

3.6.1. Height Assessment.

3.6.1.1. 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.

3.6.1.2. Measurement will be taken with member in Air Force PT t-shirt, PT shorts and/or PT pants. Air Force PT jacket and shoes will not be worn during measurements.

3.6.1.3. 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.

3.6.1.4. Measurement will be recorded to the nearest inch.

3.6.1.4.1. If the height fraction is less than ½ inch round down to the nearest inch.

3.6.1.4.2. If the height fraction is ½ inch or greater round up to the nearest inch.

3.6.2. Weight Assessment.

3.6.2.1. 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 guidance.

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

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

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

3.6.3. Abdominal Circumference (AC) Assessment.

3.6.3.1. FAC staff or trained augmentee 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. Where a FAC member or a PTL of the same gender is not available, an observer of the same gender must be present.

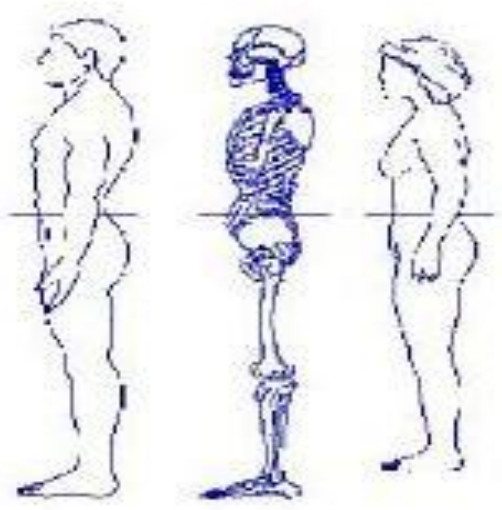
3.6.3.2. Tape measure made of non-stretch (fiberglass) material will be used for the AC measurement.

3.6.3.3. The tester will start the measurement on the right side of the Airman. The tester will locate the measurement landmark immediately above the right uppermost hip bone (superior border of the iliac crest) at the side of the body vertically in line with the right armpit (midaxillary line). If desired, the Airman may assist the tester in locating the

measurement landmark by resting the right hand on the hip, using rearward facing right thumb to locate the iliac crest. The tester will determine final horizontal - vertical intersection point for landmark confirmation.

3.6.3.4. The Airman will stand on a flat surface with feet no more than shoulder width apart. The head should be horizontal, looking directly forward with the chin parallel to the floor. The Airman may use one hand to initially assist the tester in anchoring the tape measure to the body, but must remove the hand from the tape measure before the official measurement is recorded. Measurement will be taken on bare skin. The free hand may be used to hold the shirt out of the way, but no part of the hands or arms may extend above the shoulders.

Figure 3.1. Measuring Tape Position for Abdominal Circumference.



3.6.3.5. The Airman will remain stationary while the tester conducts the measurement by initially moving around the Airman to place the tape in a horizontal plane around the abdomen (**Figure 3.1**). The tester will ensure tape is parallel to the floor at the level of the landmark (bottom edge of the tape just contacts landmark), is snug, but does not compress the bare skin. The tester will take the measurement at the end of the Airman's normal respiration.

3.6.3.6. The tester will 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, the tester will take an additional measurement. The tester will add the three closest measurements, divide by three, and round down to the nearest ½ inch. The tester will record this value as the AC measurement.

3.6.3.7. If an Airman fails the abdominal circumference measurement of the Fitness Assessment (FA) yet takes and passes the other three components with a composite score of at least 75 points of the remaining 80 points, the FAC will administer the DoD prescribed Body Mass Index (BMI) screen. If the Airman passes the BMI screen, the Airman passes the body composition component of the fitness assessment. If the Airman does not pass the BMI screen, the Airman will receive a Body Fat Assessment (BFA). If the Airman passes the

BFA, the Airman passes the body composition component of the fitness assessment. If the Airman fails the BFA, the Airman fails the body composition component of the fitness assessment.

3.6.3.7.1. If an eligible Airman passes either the BMI screen or BFA, the Airman Passes the FA and will be marked "Exempt" in AFFMS for the AC measurement, but all other scores will be recorded as tested. To properly track these instances, the FAC manager will submit an exception to policy (ETP) letter (refer to **Attachment 22**) within two duty days to AFPC/DPSIM (**DPSIM.orgbox@randolph.af.mil**) if an Airman qualifies to take and passes either the BMI screen or the BFA. The AC measurement, BMI score, and BFA (if performed) will be provided in the letter.

3.6.3.7.2. Airmen who take the alternate aerobic component (2.0 kilometer walk-test), or are exempt from any other component, are ineligible to take the BMI screen and BFA.

3.6.4. Body Mass Index (BMI) Screen

3.6.4.1. The tester will perform the BMI screen after all other components of the fitness assessment have been accomplished

3.6.4.2. The tester will use the height and weight mesurements obtained earlier in the fitness assessment. To pass the BMI the Airmen, regaurdless of age or gender shall not exceed the maximum BMI of 25 kg/m^2. Refer to the BMI chart at **Attachment 13**.

3.6.5. Body Fat Assessment (BFA)

3.6.5.1. The BFA will be performed by the FAC Manager, FAC staff, or an alternate. The FAC Manager must approve all alternates and ensure enough alternates are appointed to handle the needs of each specific location.

3.6.5.2. The FAC Manager approved tester will perform the BFA using a 2-site taping (neck and waist) for males or a 3-site taping (neck, waist, hip) for females. Refer to **Attachment 19** for instructions.

3.6.5.3. To pass the BFA, a female Airman must achieve a body fat percentage equal to or lower than 26%. A male Airman must achieve a BFA equal to or lower than 18%. Refer to **Attachments 20 and 21** for score tables.

3.7. Aerobic Fitness Assessment.

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

3.7.1.1. When the run is performed at elevation levels of 5,250 feet and higher, refer to the altitude adjustment chart at **Attachment 17.**

3.7.2. Aerobic fitness is measured with a 1.5-mile run according to procedures outlined in **Attachment 5**. Test administrator will read verbal instructions to those performing 1.5 mile run at **A5.5**. All members will complete the 1.5-mile timed run unless medically exempted.

3.7.3. Members medically exempted from the run and cleared for an alternate assessment will, upon recommendation by the clinical provider/FPM/MLO, complete the 2.0-kilometer walk, according to procedures in **Attachment 11**. Members performing the 2.0-kilometer 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. Test administrator will read verbal instructions to those performing 2.0 kilometer walk at **A5.6**.

3.7.3.1. The 2.0-kilometer walk is the only authorized alternate assessment. **NOTE:** Airmen do not select the aerobic assessment method. The clinical provider/FPM/MLO determines which assessment to use based on the member's assessment history and medical recommendation as documented on the AF Form 469.

3.8. Muscular Fitness Assessment.

3.8.1. 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 5**. FAC augmentees will demonstrate proper push-ups and sit-ups prior to administering the FA unless the instructional video is shown. The FAC is the authority on standards and procedures; they will address all discrepancies and will provide indisputable on the spot correction.

3.8.2. Push-Up Component: Purpose. The push-up is used to assess the member's upper body muscular fitness.

3.8.2.1. Assessment Duration. Members have 1 minute to complete as many correct push-ups as possible.

3.8.2.2. Assessment Explanation. The test assessor must read the push-up script to the member and demonstrate proper technique **(A5.3)** or may show the Air Force instructional video. If the instructional video is shown, script reading and demonstration is not required. This video can be found at: **http://www.afpc.af.mil/affitnessprogram/index.asp**.

3.8.2.3. Starting Position. The member will begin in the starting position with hands slightly wider than shoulder width apart, palms or fists on the floor 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 member may remove their hands or feet from the floor, or bridge or bow their back, but only in the up/rest position. The body should maintain a rigid form from head to heel. The feet may not be supported or braced (e.g., no crossing of the feet).

3.8.2.4. 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.

3.8.2.5. 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.

3.8.2.6. Counting/Monitoring. FAC augmentee or another member paired to accomplish muscle fitness components will monitor and count the correct number of push-ups. When members are paired off for the assessment, the FAC will oversee and spot-check technique to ensure accurate and safe assessment. The counter/monitor will count the number of push-ups out loud. If the member breaks correct form, the FAC staff/augmentee repeats the last correct number (e.g., one, two, three, three, four, etc.), as well as gives instruction on what was done incorrectly (e.g., you are not extending your arms fully, keep your back straight, etc.). Counter and FAC staff/augmentee will monitor the member from a position that allows observance of the member's form and the arm angles.

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

3.8.3. Sit-Up Component Purpose. The sit-up component is used to assess a member's muscular fitness.

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

3.8.3.2. Assessment Explanation. The test assessor will read the sit-up script to the member **(A5.4)** and demonstrate proper technique or may illustrate using the Air Force instructional video. If the instructional video is shown, script reading and demonstration is not required. This video can be found at: **http://www.afpc.af.mil/affitnessprogram/index.asp**.

3.8.3.3. 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 (throughout the assessment), 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/fingers on the shoulders or resting on the upper chest.

3.8.3.4. 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 or stand on the feet during the assessment. Enough force must be applied to keep the feet/ankles from rising while the sit-ups are being accomplished. If member requests a member of the same gender to hold their feet, they must be granted that request. In place of a monitor holding the feet, a bolted non-portable toe-hold bar may be used (where available) 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.

3.8.3.5. 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. Any part of your hands/fingers must remain in contact with your 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/fingers lift completely off the shoulders/upper chest, 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.

3.8.3.6. 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.

3.8.3.7. Counting/Monitoring. The FAC augmentee or another member paired to accomplish muscle fitness components will monitor and count the correct number of sit-ups. When members are paired off for the assessment, the FAC will oversee and spot-check technique to ensure accurate and safe assessment. The counter will count the number of sit-ups out loud. If the member breaks correct form, the FAC staff/augmentee repeats the last correct number (e.g., one, two, three, three, four, etc.), as well as gives instruction on what was done incorrectly (e.g., your shoulder blades are not touching the mat/floor, keep your hands on your shoulders or chest, etc.). Counter and FAC staff/augmentee will monitor the member from a position that allows observance to ensure the shoulder blades touch the floor and elbows touch the knees or thighs.

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

3.9. Fitness Categories.

3.9.1. **Excellent.** Composite score ≥ 90 and minimums met.

3.9.2. **Satisfactory.** Composite score of 75 - 89.99 and minimums met.

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

3.9.4. **Exempt.** Airmen must be exempt in all four components to be entered exempt in AFFMS. For deployment/extended TDY purposes, Airmen must be categorized as Excellent, Satisfactory, or Unsatisfactory before being updated as exempt in AFFMS.

3.10. Determining Composite Fitness Score.

3.10.1. Age and gender-specific fitness score charts are provided in **Attachments 10** and **12**.

3.10.2. 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.

3.10.3. Determine the score by the following formula in **Figure 3.2**:

Figure 3.2. Composite Fitness Score Formula.

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

3.10.4. Scoring for exemptions: Members with an AF Form 469 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 **paragraph 5.2**, 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.

3.10.4.1. Example: Member exempted from push-ups: If member receives 48 pts 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 component minimums, member receives a Satisfactory rating.

3.10.4.2. Example: 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.

3.10.4.3. Members testing on AC-only: Airmen testing on just the AC are only required to meet the minimum component standard in this area to pass the assessment. As such, an AC of ≤39.0 for males and 35.5 for females will result in a Satisfactory. **NOTE:** All measurements between the AC target and minimum will yield an overall FA score of 75.0 (e.g., Male: AC of 38.0 – 39.0 = 75.0 points & Female: AC of 34.5 – 35.5 = 75.0 points).

3.11. Scheduling.

3.11.1. Frequency of the FA will be based on the previous fitness score unless earlier assessment is necessary to accommodate TDY, PME or other training courses, PCS moves, leave schedules or other situations that would preclude member from maintaining fitness currency. Commanders may not direct out of cycle official FAs. Airmen may volunteer to take a fitness assessment early at their own discretion.

3.11.1.1. **Excellent.** All Airmen will test by the last day of the month, 12 calendar months following the previous Excellent test as outlined above. **NOTE:** Member must

have earned an Excellent by completing all four FA components (aerobic: 1.5 mile run; AC measurement; push-ups; and sit-ups) in order to test on a 12 month currency cycle. Members who take the walk test are ineligible to take the fitness assessment on an annual basis and will test by the last day of the month, six calendar months following the previous Satisfactory test.

3.11.1.2. **Satisfactory.** RegAF, AFR, and NGB (Title 10/Statutory Tour) members who score a Satisfactory score on their FA are mandated to complete an official FA at a minimum of twice per year. RegAF, AFR, and NGB (Title 10/Statutory Tour) members with a current Satisfactory FA will test by the last day of the month, six calendar months following the previous Satisfactory 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 and must be tested by the last day of the month, 12 calendar months following the previous Satisfactory test, even if the administered test included one or more component exemptions (e.g., if a member tested on 15 April, the member must retest on/before 30 April of the following year).

3.11.1.3. **Unsatisfactory.** RegAF, AFR, and NGB (Title 10/Statutory Tour) Airmen must retest within 90 days following an Unsatisfactory FA. Unit Commanders may not mandate Airmen to retest any sooner than the end of the 90-day reconditioning period; however, Airmen may volunteer to do so. Retesting in the first 42 days after an Unsatisfactory FA is not recommended since recognized medical guidance recommends 42 days as the minimum timeframe to recondition from Unsatisfactory to Satisfactory status in a manner that reduces risk of injury. It is the Airman's responsibility to ensure he/she retests before the 90-day reconditioning period expires as non-currency begins on the 91st day. NGB Title 32 must retest within 180 days following an Unsatisfactory FA. Unit Commanders may not mandate NGB Title 32 Airmen retest any sooner than the end of the 180-day reconditioning period; however, Airmen may volunteer to do so. Non-currency for NGB Title 32 begins on the 181st day.

3.11.1.3.1. Airman who want to retest during the 42-day period (90 days for ANG Title 32) immediately following an Unsatisfactory FA are highly encourage to complete an unofficial practice FA (administered by a unit PTL) prior to scheduling their official FA. If an Airman disregards this recommendation, the FA test score will still count as an official score and be entered in AFFMS.

3.11.2. In addition to the mandatory official test, commanders may direct unofficial practice tests administered by trained/certified PTLs. 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. Tests conducted as unofficial practice tests cannot be counted as official.

3.12. Currency. Each Airman is responsible for knowing the block of time within which his or her Fitness Assessment is required. Currency is established upon completion of the following program requirements based on the member's most recent fitness level as described in paragraph 3.11.

3.12.1. If a FA has not been scheduled in the period required to remain current, notify the designated FAC representative, UFPM, or superior authority, in writing (includes e-mail) of the need to schedule the FA and requests that it be scheduled immediately for accomplishment within the required window. It is ultimately the member's responsibility to ensure their FA is scheduled.

3.12.2. Failing to remain current, as well as failing to attain a passing score on the applicable fitness test before the end of any performance report reporting period, will result in a "DOES NOT MEET STANDARDS" rating on the member's OPR/EPR if, as of the closeout date of any performance report, currency or a passing score is not obtained. Monitor any personal FA exemptions, schedule any necessary medical examinations, and initiate FA test arrangements in a timely manner.

3.12.3. **Waivers.** If a member is unable to complete any required portion of the AF Fitness Program (e.g., FA, intervention classes), the member must receive written approval (**Table 5.3**) from the Unit CC for rescheduling. A copy of the written approval is filed by the UFPM in the member's fitness program case file. 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.

3.12.4. **Deployments.** Members must have a current fitness score on file prior to arrival at deployed location. Member will not be considered "exempt" in the deployed location until their current FA expires. If a member fails before deploying/extended TDY 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" will be marked is if their current FA "expires" and they are in a deployed location where they CANNOT test or choose not to volunteer to test at locations where FA testing is available.

3.12.4.1. Any failures will be annotated in AFFMS and will be considered against the individual. However, if an Airman reaches the 91-day mark after the FA (failure), but before the evaluation closes out, the Unsatisfactory score is no longer current and therefore the evaluation will be marked "exempt". If an Airman has a current/passing score before deploying and his/her evaluation closes out after the deployment starts, the Airman will be marked "MEETS STANDARDS". For Satisfactory and Excellent scores, deployed Airmen become "exempt" only when they reach the first day of the month, seven/thirteen calendar months following the previous official FA rating.

3.12.4.2. Home station UFPM will notify the FAC to update AFFMS placing the deployed member in exempt status after their "current" FA expires. UFPMs performing FAC duties at GSUs will update exempt status in AFFMS. **NOTE:** The end date/duration of the deployment exemption should include in the 42-day reconditioning period (90 days for non-AGR and Traditional ARC) afforded to all members returning from a deployment of greater than 30 days.

3.12.4.3. Members who are due to take a FA upon return from deployment will be given 42 days for post deployment reconstitution and training from the date they sign into their home unit. UFPMs must communicate with the FAC when members return from deployment.

3.12.4.3.1. RegAF and AGR personnel deployed for greater than 30 consecutive days will be given a 42-day acclimatization period starting the date they arrive back at homestation prior to taking their FA, unless the member requests to be assessed earlier. All non-AGR and Traditional ARC personnel will be given a 90-day acclimatization period starting the date they arrive back at homestation prior to taking their FA, unless the member requests to be assessed earlier. Member will become noncurrent on day 43 (day 91 for non-AGR and Traditional ARC), if applicable. **NOTE:** OPRs/EPRs that close out during this post deployment 42-day reconditioning period will be marked “exempt”.

3.12.5. **Extended TDYs.** Members must have a current fitness score prior to arrival at extended TDY location. For the purpose of this instruction, extended TDY is defined as lasting more than 30 consecutive days. Member will not be considered "exempt" at the extended TDY location until their current FA expires. If a member fails the FA before the extended TDY and their OPR/EPR closes out while the Unsatisfactory FA score is still current, member will be marked "DOES NOT MEET STANDARDS" on the OPR/EPR. If they pass a FA before evaluation closes out, they will be marked "MEETS STANDARDS" on the OPR/EPR. The only time "exempt" will be marked is if their current FA "expires" at the extended TDY location prior to evaluation close out. **NOTE:** The “Deployment” exemption category in AFFMS will be utilized to annotate Airmen whose FA expired during an extended TDY.

3.12.5.1. RegAF and AGR personnel TDY for greater than 30 consecutive days will be given a 42-day acclimatization period starting the date they arrive back at homestation prior to taking their FA, unless the member requests to be assessed earlier. All non-AGR and Traditional ARC personnel will be given a 90-day acclimatization period starting the date they arrive back at homestation prior to taking their FA, unless the member requests to be assessed earlier. Member will become noncurrent on day 43 (day 91 for non-AGR and Traditional ARC), if applicable. **NOTE:** OPRs/EPRs that close out during this post TDY 42-day reconditioning period will be marked “exempt”.

3.13. Unsatisfactory education and intervention.

3.13.1. RegAF and ARC AGR members must participate in a unit FIP and start the BE WELL Program (if co-located, otherwise online) within 10 days of the failed FA. All members in the Unsatisfactory fitness category will remain in the FIP/SFIP until they achieve a Satisfactory or Excellent FA score.

3.13.1.1. RegAF GSU members at non-collocated Air Force bases will start the BE WELL Program within 10 days of the FA. The online BE WELL Program is available via ADLS.

3.13.1.2. Non-AGR ARC (AFR and ANG) must accomplish BE WELL Program within 60 days of Unsatisfactory FA. If HAWC space allows, non-AGR ARC members at collocated Air Force bases may participate in a BE WELL program that involves in-person attendance. The online BE WELL Program is available via ADLS.

Chapter 4

FITNESS ASSESSMENT WAIVERS

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

4.1.1. Installation CCs may request a waiver from MAJCOM/CV or equivalent (NGB/A1 for ANG) to adjust scheduling of the 1.5-mile run or 2.0-kilometer walk assessments for extreme seasonal weather conditions (see **Attachment 6**) if an appropriate indoor facility is not available. The waiver must specify periods unable to complete the run/walk assessment safely. Any approved installation waiver will be extended to all tenant units physically located on the installation. The ARC MAJCOM/CV (or equivalent) that owns the tenant unit also has the authority to approve a tenant waiver. Members will still test on remaining components and will be granted an exemption from the aerobic component of the test for the time period specified in the approved waiver. RegAF, Title 10 Statutory Tour and ARC AGR members will be required to test again in 6-months, even if they score 90 or above. Member's composite score will be determined in accordance with paragraph 3.10.

4.1.1.1. MAJCOM/A1s will forward a copy of approved waivers to AF/A1PP. For ARC stand-alone installations, AFRC/A1 and ANG/A1 will forward a copy of approved waivers to AF/A1PP.

4.1.2. ARC members who commute from a lower altitude to perform duty at their assigned/attached unit at a location where the altitude ≥ 5,250 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 42-day acclimatization period at the assessment site.

Chapter 5

EXEMPTIONS

5.1. General. Exemptions are designed to categorize members as unable or unavailable to train or assess for a limited time period. Exemptions, for medical reasons, are entered into AFFMS using the current AF Form 469 following FA completion.

5.2. Exemptions. Commanders may grant exemptions as outlined in **Table 5.3** Members with exemptions prohibiting them from performing one or more components of the FA will be assessed on the remaining components and scored IAW paragraph 3.10. Fitness testing exemption recommendations for medical reasons can only be made by a MTF provider or ANG MLO. All members will complete an AC assessment as listed in paragraph 5.2.5., unless they have a Deployment Availability Working Group (DAWG) approved exemption for a condition that the MTF provider/FPM/MLO deems would warrant AC assessment exemption. 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).

5.2.1. 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 DAWG for evaluation as appropriate IAW AFI 10-203, AFI 48-123, *Medical Examinations and Standards*, and AFI 41-210, *Patient Administrative Functions.*

5.2.2. The UFPM will identify Airmen who have had four component exemptions in a 24-month period. The UPFM will notify the Unit Commander, who will, in turn, request the EP/Wing FPM/ARC MLO review the case at the DAWG. The DAWG will review and evaluate the member's medical history and determine the best course of action IAW AFI 10-203.

Example: An Airman who was exempt from sit-ups in Apr 10 FA, exempt from sit-ups and push-ups in Oct 10 FA, exempt from 1.5 mile run/1.0-mile walk in Apr 11 FA and exempt from sit-ups in Oct 11 FA must be recommended by the Unit Commander for review at the DAWG.

5.2.2.1. Providers will list physical limitations and FA exemptions on the AF Form 469. When warranted, provider will refer the member to the EP/FPM for an exercise assessment, prescription and counseling, or reconditioning program. Unless given a composite exemption, member will continue to prepare for and be assessed on non-exempt components of the FA.

5.2.2.1.1. ANG. Members with physical limitation that prevent participation in fitness activities for greater than 30 days and/or preclude the members from completing a full FA will provide medical documentation from their Personal Care Provider (PCP) to the Wing Medical Group. The Wing Medical Group will issue an AF Form 469 as appropriate addressing each component of the FA. MLO will review AF Form 469 and issue an AF Form 422 to the member's UFPM. UFPM ensures members due an FA are assessed on non-exempted components per the AF Form 469.

5.2.2.2. 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.

5.2.2.3. The expiration date on the AF Form 469 represents the date the member is medically cleared to resume physical activities previously restricted. For DLCs of 30 days or less, members are eligible to complete a FA when their AF Form 469 restrictions expire, and will be tested within 30 days, if due or overdue. For DLCs lasting greater than 31 days, members will be eligible to complete the full, four component 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 5.2.3. for guidance regarding pregnant members.

5.2.2.4. Airmen with an AF Form 469 must maintain FA currency standards. If a member is due to test during the AF Form 469 effective dates or 42-day reconditioning period, the member will complete the FA components that he/she is cleared to test on per the AF Form 469. **NOTE:** Airmen who are not due to test during the AF Form 469 effective dates or 42-day reconditioning period to maintain currency may not volunteer to take an FA until the 42-day reconditioning period expires.

5.2.3. Pregnancy.

5.2.3.1. Provider will include information on physical activity during prenatal counseling.

5.2.3.2. 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. EP will counsel pregnant members on maintaining fitness during pregnancy (in coordination with Obstetrician). This can be done individually or in a group setting.

5.2.3.3. AF Form 469 will be re-accomplished by the provider (or ANG Wing Medical Group) 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. EP/MLO will issue corresponding AF Form 422 for the duration of the AF Form 469.

5.2.3.3.1. Expiration date on the AF Form 469 will be determined by the provider and represents the date the member is medically cleared to begin an unrestricted physical training program.

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

5.2.4. PCS Moves. Airmen are given 42 days from Date Arrive Station (DAS) at new duty location to acclimatize before being required to complete an FA. Members pending PCS must have a current FA score on file that will not expire through the Report-No- Later-Than-Date (RNLTD) and 42-day acclimatization period. If the current FA expires prior to the member's RNLTD + 42 days, the Airman must complete a FA before departing their losing duty station. Exemptions will not be granted for members in outbound status for any circumstance other than those addressed in paragraphs 5.2.4.1. and 5.2.4.2.

5.2.4.1. Airmen returning from a deployment who PCS before the end of their 42-day post deployment acclimatization period will have their deployment exemption duration extended by the losing homestation to cover the additional 42 days they will receive post RNLTD to acclimatize. To prevent going non-current, Airman will test 43 days following RNLTD. **NOTE:** Not applicable if member's FA remains current for 43 days post RNLTD.

5.2.4.1.1. Airmen who are due to PCS following the completion of the post-deployment acclimatization period must complete an FA if their FA is already expired or expires anytime prior to RNLTD + 42 days.

5.2.4.2. Airmen returning from an extended TDY (> 30 consecutive days) who PCS before the end of their post-TDY 42-day acclimatization period will be granted a composite "deployment exemption" by losing homestation. This exemption will only be awarded upon expiration of the Airman's current FA. Exemption duration will not exceed RNLTD + 42 days. **NOTE:** Not applicable if member's FA remains current for 43 days post RNLTD.

5.2.4.2.1. Airmen who are due to PCS following the completion of the post-TDY acclimatization period must complete an FA if their FA is already expired or expires anytime prior to RNLTD + 42 days.

5.2.4.3. Airmen may volunteer to test during either the post-deployment/extended TDY or RNLTD acclimatization period but cannot be directed to do so.

5.2.5. Accessions. Officer accessions will be given 42-days from their DAS to acclimatize, but will test NLT 6 months following DAS. DAS may include tech school or their first duty location.

5.2.6. Personnel who are TDY for greater than 30 consecutive days will be given a 42-day acclimatization period prior to being required to complete their FA.

5.2.7. All members will complete AC assessment unless there is a composite exemption or, under rare medical circumstances (e.g., abdominal surgery), an AC component exemption is recommended by a medical provider/FPM/MLO and approved by the DAWG.

5.2.7.1. The DAWG reviews all non-pregnancy related AC exemption requests. AC component exemptions will not be granted for non-medical reasons (e.g., physique that nonetheless has AC that exceeds AF standards). The presence of a rare medical issue is the only consideration required/allowed to grant an AC exemption; no other methods such as alternative body composition measurements shall be used to determine whether to grant an AC exemption.

5.2.8. ARC medical unit providers will advise members to consult their PCP to recommend specific PT appropriate for medical condition or may refer the member to BE WELL Program 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 or ARC EP where applicable.

5.2.9. AF/A1PP may approve, on a case-by-case basis, OCONUS FA waivers when it is cost prohibitive to travel to the nearest testing facility.

5.3. Exemption Categories.

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

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

5.3.2.1. Composite Deployment Exemption. Airmen deployed for less than one year on Contingency Exercise Deployment (CED) or Military Personnel Appropriation (MPA) orders in direct support of a contingency will receive a composite deployment exemption following the expiration of their current FA in the deployed location. Permanent party and 365-day deployers will also be marked exempt when their current FA expires in the deployed location, unless the Air Component Commander mandates continued fitness testing IAW the requirements of this AFI. If continued testing for the 365-day deployers and permanent party personnel is mandated, the Air Component Commander must grant a composite deployment exemption to all individuals deployed to a location not resourced, equipped, or otherwise capable of administering FAs. All Airmen with a composite deployment exemption may complete FAs on a voluntary basis only.

5.3.2.1.1. RegAF and AGR personnel deployed/TDY for greater than 30 consecutive days will be given a 42-day acclimatization period starting the date they arrive back at homestation prior to taking their FA, unless the member requests to be assessed earlier. All non-AGR and Traditional ARC personnel will be given a 90-day acclimatization period starting the date they arrive back at homestation prior to taking their FA, unless the member requests to be assessed earlier.

Table 5.1. Exemptions.

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 as documented on an AF Form 469.	The member is allowed 42 days for reconditioning following the expiration of the medical exemption. (Exception: Pregnancy-related exemptions)
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.). Commanders <u>will</u> exempt members who are on terminal leave/PTDY in conjunction with retirement/separation, incarceration, or on appellate leave or excess leave pending separation (or approved retirement date for ANG Drill Status	If the exemption exceeds 30 days, the member is given 42 days following the expiration of the exemption for training. (See NOTE 1)

	Guard members). **NOTE:** This exemption category is not authorized for personal, medical, or currency issues.	
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 paragraph 5.2.3.3.
Composite (Deployment)	Members due to deploy must have a current FA score on file prior to departure. Airmen deployed for less than one year on Contingency Exercise Deployment (CED) or Military Personnel Appropriation (MPA) orders in direct support of a contingency will receive a composite deployment exemption following the expiration of their current FA in the deployed location. Permanent party and 365-day deployers will also be marked exempt when their current FA expires in the deployed location, unless the Air Component Commander mandates continued fitness testing.	RegAF and AGR personnel deployed for greater than 30 consecutive days will be given a 42-day acclimatization period starting the date they arrive back at homestation prior to taking their FA. Non-AGR and Traditional ARC personnel will be given a 90-day acclimatization period starting the date they arrive back at homestation prior to taking their FA.
Component (Medical)	Member is prohibited from performing one or more components of the FA. The medical provider/FPM/MLO, may grant exemption from aerobic and muscle fitness components of PT or FA based on medical evaluation IAW para 5.2 for a time-limited period. Other components of the FA will still be assessed.	Upon expiration of the exemption, or when the medical provider/FPM/MLO 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. If an Airman's next required FA is due during the 42 day training period, they will only test on components they are cleared to test on to prevent going "non-current." (See NOTE 2)

Composite (Extended TDY) *use Composite (Deployment) exemption for AFFMS input	Granted only to individuals TDY more than 30 consecutive days whose current FA expires at the extended TDY location. Airmen returning from an extended TDY (> 30 consecutive days) who PCS before the end of their post-TDY 42-day acclimatization period may be granted a "deployment exemption" by losing homestation. This exemption will only be awarded upon expiration of the Airman's current FA. Exemption duration will not exceed RNLTD + 42 days.	RegAF and AGR personnel TDY for greater than 30 consecutive days will be given a 42-day acclimatization period starting the date they arrive back at homestation prior to taking their FA. Non-AGR and Traditional ARC personnel will be given a 90-day acclimatization period starting the date they arrive back at homestation prior to taking their FA. Airman who PCS following an extended TDY but cannot complete the 42-day acclimatization period at losing homestation will be assessed 43 days following their RNTLD.
Not Participating ARC Only	ARC only: 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 in AFFMS.	Exempt until resolved. If the exemption exceeds 30 days, the member is given 42 days following the expiration of the exemption for training.

NOTEs:

1. Commanders will document all non-medical exemptions by e-mail or memorandum and forward to the FAC for action. Composite exemptions due to medical reasons can only be granted under the Composite (Medical) exemption type as documented by an AF Form 469.
2. Airmen on consecutive profiles will be given 42 days following the expiration of the most recent AF Form 469.

Chapter 6

PHYSICAL FITNESS AND NUTRITION EDUCATION/INTERVENTION

6.1. Physical Fitness and Nutrition Education. Physical fitness and nutrition 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.

6.2. Balanced Eating, Workout Effectively, Live Long Program (BE WELL). This program targets nutritional and exercise behavior changes necessary to improve one's health and fitness utilizing five intervention options. Airmen and their commanders select an option appropriate to their fitness improvement requirements. Available options include: BE WELL online, a Healthy Weight program, a cardiovascular intervention, a strength intervention, and Military OneSource Health Coaching. BE WELL is mandatory for all AF members with an Unsatisfactory FA score and is available for any member who wish to improve their overall health and fitness.

6.2.1. RegAF, Title 10 Statutory Tour and ARC AGR members must start BE WELL within 10 duty days of their Unsatisfactory FA. If members are unable to start within 10 duty days, they must obtain written authorization from their Unit Commander. Traditional ARC personnel (except AGRs) are required to accomplish BE WELL within 60 days of the Unsatisfactory FA.

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

6.2.3. Airmen who receive consecutive Unsatisfactory FAs are required to re-enroll in the BE WELL Program. Additionally, Airmen who receive nonconsecutive Unsatisfactory FAs must start BE WELL within 10 days of their latest Unsatisfactory FA.

6.2.4. UFPM will inform Airmen of BE WELL program requirements per AFMOA guidance and document BE WELL program start date in AFFMS.

6.2.5. Airmen who retest within 10 duty days of their Unsatisfactory FA and achieve an Excellent/Satisfactory score are not required to complete BE WELL.

6.2.6. Members are ultimately responsible for improving their fitness level to achieve a minimum Satisfactory FA score, and if appropriate, provide documentation of compliance with BE WELL program to their leadership.

Chapter 7

SPECIAL POPULATIONS

7.1. 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 FA standards with AFI 36-2905. A current FA composite score of ≥ 75 and meeting all component minimums are required for all students to graduate from or obtain a commission/enlistment through USAFA, ROTC, OTS, Academy of Military Science, or BMT. Due to short duration of training, this does not include students graduating Commissioning Officer Training (COT).

7.1.1. Officer accessions will be given at least 42-days from their Date Arrive Station (DAS) to acclimatize, but will test NLT 6 months from DAS. DAS may include tech school or their first duty location.

7.1.1.1. FAs administered at commissioning sources are not considered official and will not be recorded in AFFMS.

7.1.2. Developmental Education Students (i.e. AFIT, EWI, Joint PME and students in other civilian institutions) will participate in FAs conducted by local ROTC detachments where available, or base of servicing FAC or other arrangements as determined by the assigned commander. Results of FAs will be entered into AFFMS. Where a FAC does not exist, UFPMs and PTLs will fulfill the role of the FAC.

7.1.3. BMT Airmen and Technical Training students will complete official FAs via training cadre PTLs/MTLs. The last FA administered at BMT will count as an Enlisted Airman's first official FA for AFFMS input. Graduated BMT Airmen will hand carry FA AF Form 4446 for input into AFFMS by the FAC at their first duty station or technical training (MTL/UFPM), whichever location they report to first. Technical Training students attending follow-on training that may result in an FA cycle testing requirement (six months) will be tested by a PTL/MTL. Airmen/UFPMs must be aware of the 42-day acclimatization period and leave en route duration to determine which base will conduct the FA to ensure Airmen remain current.

7.1.3.1. Enlistees will be given two assessment opportunities on baseline minimum aerobic and body composition standards upon arrival at BMT. The failure to meet either: 1) aerobic fitness standards of: 1.5 mile run time of 18:30 male, 21:35 female, or 2) body composition standards of: maximum abdominal circumference of 39.0 inches male, 35.5 inches female or maximum body fat of 20% male, 28% female, upon arrival at BMT deems them physically unable to safely rehabilitate to a passing FA score within the standard 42-day rehabilitation period. Two-time failures under the standards in this paragraph may be immediately processed for entry level separation pursuant to AFI 36-3208, Administrative Separation of Airmen, para 5.22.

7.1.4. Technical Training school students will complete official FAs via unit PTLs/MTLs as required to maintain currency IAW Chapter 3. Results from FAs conducted at technical training schools (not BMT) will be input by training squadron UFPMs into AFFMS. All

permanent party training unit personnel (i.e. cadre, instructors, etc.) will complete FAs via the FAC.

7.2. Geographically Separated Units (GSUs)/Individuals.

7.2.1. Members will complete all components of the FA.

7.2.1.1. Where no FAC exists, UFPM and/or PTL will fulfill the roles of the FAC. However, GSU commanders who choose to utilize UFPMs and/or PTLs to conduct FAs will obtain written approval from their owning MAJCOM A1. Prior to performing official FAs via unit PTLs, GSU commanders must ensure all PTLs have obtained a minimum PTL-B certification from the servicing FSS. 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.

7.2.1.2. The host base will provide fitness program support.

7.2.1.3. For AFRC GSUs, the AFRC FPM and supporting FSS units will provide support to UFPMs and commanders. HQ AFRC FPM will support UFPMs at DRUs that report directly to AFRC or a Numbered Air Force.

7.2.1.4. ANG GSUs. Commanders will provide UFPMs/PTLs to conduct FAs.

7.2.1.5. 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 PTL-B certified to conduct the FA. A commander may coordinate with the nearest AF base FSS to train and certify non-AF personnel to become PTL-B certified. Results of the FA will be entered in the AFFMS by FAC personnel at the parent organization.

7.3. Individual Reservists (IR).

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

7.3.2. 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.

7.3.3. 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.

7.3.3.1. IRs who perform duty at a location outside their commuting area may perform their FA with an AF unit at or near their home, with RegAF commander's approval. The member's RegAF UFPM will coordinate a test date/time with the FAC at the AF unit that will be conducting the FA. The FAC conducting the FA will forward or input the test results into AFFMS and forward a copy to the owning FAC and UFPM.

7.3.4. Members must be in a military duty status during assessment IAW paragraph 2.31.8.

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

7.3.6. All Participating Individual Ready Reserve (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.

7.4. Air Reserve Component (ARC) Tenant Support at Active Duty Installations.

7.4.1. ARC tenants will utilize host FAC to support official FAs at collocated installations. FACs must coordinate and provide full operational support for ARC tenant units to conduct FAs on UTA weekends, as well as support other ARC members who are available for testing during the week.

7.4.1.1. If host FAC cannot provide the appropriate number of FAC augmentees to fully support weekend ARC testing requirements, FAC may request ARC tenant unit provide PTLs to augment FAC and conduct weekend FAs. If augmentation is required, a ratio of 1 host FAC member to 4 ARC augmentees must be maintained during FAs. Tenant ARC units should provide testing schedule/requirements to host FAC a minimum of 60 days prior to UTA weekends. FAC must request augmentation support a minimum of 45 days prior to the UTA. **NOTE:** When augmenting the FAC, ARC PTLs will not test members from their own unit/PAS code.

7.4.1.2. ARC tenant wings at Active Duty bases may conduct their own fitness assessments on UTA weekends contingent upon agreement between Host Wing/CC and ARC Wing/CC. If approved, testing will be overseen by the Wing Fitness Program Manager (FPM). Additionally, FPM will ensure the ARC PTLs do not test members from their own unit/PAS code and do not update FA scores in AFFMS for personnel from their own unit/PAS code.

7.4.1.3. All FAC augmentees must have a minimum PTL-B certification and receive refresher FA procedures training prior to administering any FAs.

Chapter 8

PROGRAM MANAGEMENT

8.1. Fitness Program Software Application.

8.1.1. The AFFMS software application is accessible through the AF Portal.

8.1.2. 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.

8.1.3. All requests for specific user privileges must be in writing and sent to the designated office of assignment authority as written in the AFFMS User Guide, and applied using the appropriate user role/privilege descriptions.

8.1.3.1. AFFMS User Role Descriptions. See AFFMS User Guide available on AFFMS homepage.

8.2. Fitness Program (FP) Case Files.

8.2.1. The UFPM initiates a FP case file when a member scores Unsatisfactory on a FA. The case file will contain AF Form 108, hard copy official AF Form 4446 with signatures, any applicable AF Form 422s, and AF Form 469s, as required in paragraph 2.28.5.

8.2.1.1. Upon achievement of first “Satisfactory/Excellent”, UFPM moves case file from active to inactive status. UFPM maintains inactive case files until the member achieves a sustained “Satisfactory/Excellent” for 24 consecutive months or the member separates/retires, whichever comes first.

8.2.1.1.1. **(Added-433AW)** All FP case files will be standard 6-part file folders and should contain the following items: Tab 1 - Most recent FSQ/Score Sheet with AFFMS Individual Fitness Report placed on top; Tab 2 - AF Form(s) 108; Tab 3 - ADLS Be Well training certificate; Tab 4 - Fitness tracker; Tab 5 - Copies of fitness-related administrative action(s); Tab 6 - Copies of all fitness related medical forms.

8.2.2. The UFPM responsible for monitoring attached/assigned reservists will create and maintain the FP case file.

8.3. Protected Health Information (PHI).

8.3.1. FA, including run and walk times, push-ups, sit-ups, and AC component/composite scores do not meet the definition of PHI as outlined in DoD 6025.18R, *DoD Health Information Privacy Regulation.*

8.3.2. 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.

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

Chapter 9

FITNESS METRICS

9.1. Reporting Requirements.

9.1.1. AFPC/SV will provide monthly statistics on each base to MAJCOM/A1s and FSS/CCs.

9.1.2. Fitness Assessment Statistics.

9.1.2.1. UFPM reports the following unit metrics to the Unit Commander each month:

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

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

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

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

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

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

Chapter 10

ADMINISTRATIVE AND PERSONNEL ACTIONS

10.1. 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.

10.1.1. Prohibited Actions:

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

10.1.1.2. Member is not subject to adverse personnel action for inability to take the FA if the member is on a 365-day FA exemption that has been validated by the MTF DAWG.

10.1.1.3. While units may perform unofficial practice tests for diagnostic purposes, the chain of command 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.

10.1.2. Unit Commanders or equivalent may take adverse administrative action upon a member's Unsatisfactory fitness score on an official FA (see **Attachment 14**). For administrative separation criteria, see paragraph 10.1.5. below.

10.1.2.1. 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 paragraph 10.1.5.

10.1.3. 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, or failing to complete mandatory educational intervention. Commanders may use administrative action to document a member's failure to maintain currency.

10.1.3.1. **(Added-433AW)** Not Currents. **NOTE: 433AW Specific Emphasis Item.**

10.1.3.1.1. **(Added-433AW)** Members who report to a UTA that are not current on their fitness assessment, at the discretion of the commander, will be allowed to sign in under the Unit Training Assembly Processing System (UTAPS) for the first two periods of their UTA. Members who are not prepared to take their Fitness Assessment will be sent home in an unpaid and unexcused status for the remaining two periods of their UTA until they are ready to test.

10.1.3.1.2. **(Added-433AW)** Squadron commanders or their designees are the only UTA excusal approval authorities for members due or overdue for their FA.

10.1.4. 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.

10.1.5. Administrative Separation. (See AFI 36-3208, *Administrative Separation of Airmen*, 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.)

10.1.5.1. Unit Commanders must make a discharge or retention recommendation to the separation authority (enlisted Airmen), show cause authority (officers), or appropriate discharge authority for AFR and ANG members once an Airman receives four Unsatisfactory FA scores in a 24-month period and a military medical provider has reviewed the Airman's medical records to rule out medical conditions precluding the Airman from achieving a passing score (see **Attachment 16** as template). If the separation authority (enlisted Airmen), show cause authority (officers), or appropriate discharge authority for AFR and ANG members disagrees with the Unit Commander's retention recommendation, discharge action is initiated pursuant to applicable discharge instruction.

10.1.5.2. If an Airman is retained, any subsequent FA failure that re-establishes the basis for discharge (i.e., four failures in 24 months based on most recent failure date) requires the Unit Commander to initiate a medical records review and submit another discharge or retention recommendation. Retention does not prevent previous failures from being included in the most recent 24 month period for FA failure count.

10.1.5.2.1. Retention decision memorandums will be filed in member's fitness program case file.

10.1.5.3. The 24-month period for discharge/retention recommendation is calculated from the most recent Unsatisfactory FA and is measured in months, not days, including the month of the most recent failure. For example, if the most recent failure is 15 Jun 2012, then count the failures in the previous 23 months plus the month of the most recent failure (Jun 2012). In this example, the inclusive months in which you must count FA failures are Jul 2010 through Jun 2012. Four FA failures anytime in those 24 months meets the criteria and would require the Unit Commander to make a discharge or retention recommendation, provided the member does not have a medical condition to preclude him/her from achieving a passing score. A recommendation for discharge or retention will be made regardless of an Airman's achieving one or multiple passing FAs in between the four failures.

10.1.5.4. Unit Commanders may initiate (enlisted Airmen) or recommend (officers) administrative discharge only after the Airman has: received four Unsatisfactory FA scores in a 24-month period; failed to demonstrate significant improvement (as determined by the commander) despite the reconditioning period; and a military medical provider has reviewed the Airman's medical records to rule out medical conditions precluding the member from achieving a passing score.

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

10.2.1. Commanders 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.

10.2.2. 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:

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

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

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

10.3. Education and Training Programs.

10.3.1. This instruction does not set eligibility standards for attending PME or other training programs. For those standards consult the applicable governing regulations. Personnel selected to attend PME may be required to fitness test outside their normal cycle to meet eligibility requirements for attending PME. In those situations where members with Unsatisfactory FA scores are permitted to attend training, the following rules apply:

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

10.3.1.2. 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 8)** at least 2 weeks prior to TDY.

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

10.3.1.4. 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.

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

10.4.1. UFPMs initiate and annotate mandatory BE WELL option(s) and appointments on AF Form 108 to include date/time and location.

10.4.2. Member will sign the AF Form 108 acknowledging BE WELL Program enrollment, accepting responsibility for improving their fitness level, completing program requirement and if appropriate providing documentation of program compliance.

10.4.3. Unit Commander 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 lessesns

the member's overarching responsibility for his/her own fitness and compliance with AF Fitness standards.

10.4.4. Respective program facilitator of the education/intervention program signs the AF Form 108 upon completion, when applicable. Program facilitator signature on AF Form 108 not required for online BE WELL programs. Annotations can be made on the back of the AF Form 108 for programs requiring multiple attendance.

10.4.5. Members with Unsatisfactory scores, or their Commanders, may request a clinical case review to determine if there are documented medical conditions that prohibit program success (**Attachment 16**). This does not require a face to face encounter with the member unless determined by the healthcare provider to be clinically indicated. For purposes of the Fitness Program, obesity will not be used as a diagnosis prohibiting program success.

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

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

10.5. Removing FA Scores from AFFMS.

10.5.1. If a military member believes the administration of his/her FA or his/her FA score was in error or unjust, he/she may submit an appeal to the Wing Commander, or equivalent as described in **figure 5.1**.

Figure 10.1. Fitness Assessment Appeals Process.

Figure 10.1. Fitness Assessment Appeals Process.

Step 1: Member notifies UFPM of potential records error

Step 2: UFPM collects a Memorandum for Record from member that includes:

- Requested Action; applicant must identify what action they request to be taken
- Basis for request; it must be clear what they believe to be an injustice or error
- References or supporting documentation
- Applicant information to include name, organization/office symbol, unit address, contact phone number, email address, and signature

Step 3: UFPM route through chain of command to Wing Commander/equivalent

Step 4: After Wing/CC/equivalent decision, UFPM notifies AFPC/DPSI of requested records change

Step 5: If the member wants to appeal the decision, the UFPM must submit the complete package to Fitness Assessment Appeals Board (FAAB) at AFPC/DPSIM at afpcdpffocorgbox@us.af.mil. If needed, the Air Force Board for Correction of Military Records (AFBMCR) will be the final deciding authority.

10.5.2. Information pertaining to the Wing-level process and procedure and FAAB supplemental review can be found at: **http://www.afpc.af.mil/affitnessprogram/**.

10.6. Correcting administrative errors on FA Scores in AFFMS. Administrative errors are limited to: Number of repetitions performed does not match number submitted in AFFMS; corrections to profile dates and exemption updates; deletion of score double entry; and FAs taken while pregnant. FAC will submit requests for administrative corrections at CONUS locations to AFPC/SV using the following instructions: once logged into myPers (**https://gum-crm.csd.disa.mil/app/categories/p/8%2C11/c/1525**), highlight the component of the individual for which the FA requires correction (Active Duty, Air Force Reserve, or Air National Guard), run the cursor over the "FSS RESOURCES" link, and then select "SV – Sustainment". Once inside the "SV – Sustainment" page, click on the "Submit a case to Sustainment" and complete the required fields. In cases where a FAC does not exist, the administering PTL, UFPM, or member may submit the request. Requests for administrative correction must include the appropriate documentation (i.e., score sheet and/or AF Form 469) for verification purposes.

10.6.1. Administrative error requests for OCONUS locations will be sent to the respective MAJCOM/A1S for action (i.e., PACAF/A1S or USAFE/A1S). In cases where a FAC does not exist, the administering PTL, UFPM, or member may submit the request. Requests for administrative correction must include the appropriate documentation (i.e., score sheet and/or AF Form 469) for verification purposes.

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(433AW)

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Attachment 1

GLOSSARY OF REFERENCES AND SUPPORTING INFORMATION

References

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DoD 6025.18R, *DoD Health Information Privacy Regulation*, 24 January 2003

AFPD 36-29, *Military Standards*, 29 October 2009

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AFI 36-2301, *Developmental Education*, 16 July 2010

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

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

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

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

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

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AFI 41-210, *Patient Administration Functions*, 22 March 2006

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AFI 48-123, *Medical Examinations and Standards*, 24 September 2009

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AETCI 36-2203, *Technical and Basic Military Training Development*, 12 August 2009

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

AETCI 36-2216, *Administration of Military Standards and Discipline Training*, 6 December 2010

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

Prescribed Forms

AF Form 4446, *Air Force Fitness Assessment scorecard*

Adopted Forms

AF Form 108, *Physical Fitness Education and Intervention Processing*

AF Form 418, *Selective Reenlistment Program Consideration*

AF Form 422, *Notification of Air Force Member's Qualification Status*

AF Form 469, *Duty Limiting Condition Report*

AF Form 847, *Recommendation for Change of Publication*

Abbreviations and Acronyms

AC—Abdominal Circumference

ACSM—American College of Sports Medicine

(Added-433AW) ADLS—Advanced Distributive Learning Service

AED—Automated External Defibrillator

AFFMS—Air Force Fitness Management System

(Added-433AW) AFI—Air Force Instruction

AFPD—Air Force Policy Directive

AGR—Active Guard/Reserve

ARC—Air Reserve Components

AT—Annual Tour

(Added-433AW) AW—Airlift Wing

BE WELL—Balanced Eating, Workout Effectively, Live Long

BIMAA—Base Individual Mobilization Augmentee Administrator

BLS—Basic Life Support

BMT—Basic Military Training

CBT—Computer Based Training

(Added-433AW) CGO—Company Grade Officer

COT—Commissioned Officer Training Course

(Added-433AW) CPR—Cardiopulmonary Resuscitation

DAWG—Deployment Availability Working Group

DLC—Duty Limiting Condition

DoD—Department of Defense

ECP—Extreme Conditioning Program

EP—Exercise Physiologist

FA—Fitness Assessment

FAAB—Fitness Assessment Appeals Board

FAC—Fitness Assessment Cell

FC—Fitness Center

FIM—Fitness Information Manager

FP—Fitness Program

FIP—Fitness Improvement Program

FPM—Fitness Program Manager

FSC—Fitness and Sports Center

FSM—Fitness and Sports Manager

FSS—Force Support Squadron

FSV—Sustainment Services Flight

FSQ—Fitness Screening Questionnaire

HAWC—Health and Wellness Center

HIPAA—Health Insurance Portability and Accountability

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

(Added-433AW) MPTL—Managing Physical Training Leader

MTF—Medical Treatment Facility

MTL—Military Training Leader

NAF—Non-Appropriated Funds

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

PIRR—Participating Individual Ready Reserve

PT—Physical Training

PTL—A – Physical Training Leader-Advanced

PTL—B – Physical Training Leader-Basic

RegAF—Regular Air Force

ROTC—Reserve Officer Training Corps

RPE—Rating of Perceived Exertion

SAV—Staff Assistance Visit

SFIP—Self-Paced Fitness Improvement Program

(Added-433AW) SNCO—Senior Non-Commissioned Officer

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

(Added-433AW) UTAPS—Unit Training Assembly Processing System

WGBT—Wet Bulb Globe Temperature

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 in order to organize, administer, recruit, instruct and train members of the Reserve components. 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).

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**.

Air Reserve Component (ARC)—Component consisting of all ANG and AF Reserve personnel.

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.

Balanced Eating, Workout Effectively, Live Long (BE WELL)—Intervention program required for all members identified as Unsatisfactory fitness score. The program consists of behavior modification, fitness and nutrition education.

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. AC measurement is used to assess the body composition. 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 BE WELL Program.

Fitness Assessment Cell (FAC)—Centralized under the FSS and augmented by installation PTLs/UFPMs. FAC members/augmentees should be role models and advocates for fitness. This team is aligned under the Sustainment Flight of the Force Support Squadron.

Fitness Assessment Cell (FAC) Augmentee—Military members trained to oversee and administer FAs. This is an additional duty and not a primary AFSC. Can be a Physical Training Leader (PTL) or UFPM who has completed PTL-B training and certification. These augmentees will not test members from their own unit/PAS code and will not update FA scores in AFFMS for personnel from their own unit/PAS code.

Fitness Assessment Cell (FAC) Manager—Military members appointed to oversee installation FAC operations. This is an additional duty and not a primary AFSC. Maintains a minimum PTL-B certification and provides refresher training to FAC augmentees at the beginning of each FAC rotation. Ensures FAC augmentees do not test members from their own unit/PAS code and do not update FA scores in AFFMS for personnel from their own unit/PAS code.

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 Health Promotion/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.

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.

National Guard Bureau (NGB) Statutory Tour—ARC members on Title 10 duty reassigned from Air National Guard unit to NGB to support the Air National Guard. For the purpose of this instruction, the term NGB Statutory Tour refers solely to members permanently assigned to full-time National Guard Duty under Title 10 USC and is not applicable to members serving on ADOS orders.

Medical Liaison Officer (MLO)—For the ARC member, the individual's military health care provider. For ANG, the MLO is normally located at the Wing Medical Group. 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.

Military Training Leader (MTL)— Counsels Airmen attending basic military training or technical school training on personal problems, military bearing, standards, and behavior; and schedules and conducts military training functions for students. This is a special duty assignment and individuals in this position hold the 8B100 AFSC.

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—Advanced (PTL-A)—A military member trained to both lead unit PT exercises and administer FAs. This is an additional duty and not a primary AFSC. Certified

PTL-As may be appointed as FAC augmentees. PTL-A certification cannot be obtained without first having PTL-B certification. To become PTL-A certified, an individual must complete the following: BLS, FA procedures training, and EP-provided "Leading Group Exercise" course. At locations where a FAC exists, PTL-As will only administer FAs when appointed a FAC augmentee. **NOTE:** An individual can only receive PTL-A certification if their unit is identified, in writing, as one that has a Commander-directed mandatory PT program.

Physical Training Leader—Basic (PTL-B)—A military member certified to administers FAs. PTL-B certification requires BLS and FA procedures training completion. At locations where a FAC exists, PTL-Bs will only administer FAs when appointed a FAC augmentee. This is an additional duty and not a primary AFSC. May be appointed as a FAC augmentee.

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 BE WELL Program offerings 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. Includes members performing active or inactive duty outside of the National Guard Bureau's statutory tour program (i.e. ADOS, AGR, Annual Tour, Inactive Duty Training, Military Personnel Appropriation, etc.).

Unit Fitness Program Manager (UFPM)—A unit member 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. This is an additional duty and not a primary AFSC. All UFPMs must be PTL-B certified to support FA administration. May be appointed as a FAC augmentee.

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 GUIDANCE

A2.1. Physical Fitness. Physical Fitness is 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 guidance 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) skng, 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 (HR) Calculations. Exercise intensity may be measured objectively via 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.

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

A2.4.3.1.2.1. Calculate Maximal HR. For ages < 40 years subtract age in years from 220; max HR = 220 – age. For ages ≥ 40 years multiply age in years by 0.7, then subtract product from 208. Max HR = 208 – 0.7age for members age 40 years and above.

A2.4.3.1.2.2. 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.

A2.4.3.1.2.3. Calculate HR Range. HR Range = Maximal HR – Resting HR.

A2.4.3.1.2.4. Calculate minimum, optimal (target), and do-not-exceed (safety) exercise HRs:

A2.4.3.1.2.4.1. Minimum exercise HR = (50% HR Range) + Resting HR.

A2.4.3.1.2.4.2. Optimal exercise HR = (75% HR Range) + Resting HR.

A2.4.3.1.2.4.3. Do-not-exceed exercise HR = (85% HR Range) + Resting HR.

A2.4.3.1.2.5. 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:

A2.4.3.1.2.5.1. Minimum exercise HR = 50% (120) + 70 = 60 + 70 = 130 beats/min

A2.4.3.1.2.5.2. Optimal exercise HR = 75% (120) + 70 = 90 + 70 = 160 beats/min

A2.4.3.1.2.5.3. Do-not-exceed exercise HR = 85% (120) + 70 = 102 + 70 = 172 beats/min

A2.4.3.1.2.5.4. 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.

A2.4.4.1. 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.

A2.4.4.2. 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.

A2.4.4.3. 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.

Table A2.1. 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, and provides several benefits (**See Table A2.5**).

Table A2.2. Benefits of Muscular Fitness Exercise – General Guidance.

1. Develops muscular strength and endurance to enhance the ability to live a physically independent lifestyle, *i.e.*, improves daily functional living
2. Increases and maintains fat-free (lean) mass, helping to maintain resting metabolic rate, which is beneficial for preventing fat gain
3. Increases the strength and integrity of connective tissue
4. Increases bone mineral density, preventing age-related bone deterioration
5. Combats chronic low back problems
6. Improves the ability of the muscles to recover from physical activity
7. Provides injury protection during deployment, daily work, and sports and recreational activities
8. Alleviates some common musculoskeletal complaints which result in lost duty time and medical treatment costs
9. May provide modest gains in cardiorespiratory fitness
10. 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:

A2.5.3.1. Control - Training activities should be rhythmic, performed at a controlled speed, and not interfere with normal breathing.

A2.5.3.2. 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.

A2.5.3.3. 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.

A2.5.3.4. 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.

A2.5.3.5. Safety - Perform a proper warm-up, work antagonistic (opposite) muscle groups, and use a spotter if using free weights.

A2.5.4. Calisthenics 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 calisthenics 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 Guidance. 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 guidance:

A2.6.1.1. 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.

A2.6.1.2. Frequency: two to three days per week

A2.6.1.3. Duration: 10 to 30 seconds for each stretch

A2.6.1.4. Intensity: to a position of mild discomfort, not to point of pain

A2.6.1.5. Repetitions: three to four for each stretch (**NOTE:** First increase body temperature, do not "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:

A2.7.1. Movement Preparatory Phase (Warm-Up). Body temperature increases via activity specific warm-up such as dynamic activity drills.

A2.7.2. Cardiorespiratory Endurance (Aerobic) Phase. Aerobic activity such as cross-country skng, 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.

A2.7.3. 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.

A2.7.4. Combined Activity Phase. Combined aerobic and muscular fitness actions, e.g., rotations, or running between muscle fitness stations.

A2.7.5. Skill Phase. Occupational or sport specific skill development/practice as desired.

A2.7.6. 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 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 guidance 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 Health Promotion staff/HAWC for assistance in developing an exercise routine. Members who are over age 35 years and are sedentary should also consider contacting their medical care provider prior to initiating physical activity. ARC members can consult Health Promotion staff/HAWCs and fitness center trainers where available. Members are highly encouraged to seek professional advice from personal fitness trainers, FCs, or Health Promotion staff/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 will use trained PTL-As 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. PTL-As 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 guidance 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 guidance (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

Figure A4.1. Fitness Screening Questionnaire.

FITNESS SCREENING QUESTIONNAIRE

You are being asked these questions for your safety and health. The AF Fitness Assessment (FA) 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?
   a. Unexplained chest discomfort with or without exertion
   b. Unusual or unexplained shortness of breath
   c. Dizziness, fainting, or blackouts associated with exertion
   d. Other medical problems that have not been evaluated, optimally treated, or not already addressed in an AF Form 469, that may prevent you from safely participating in this test (e.g. heart disease, sickle cell trait, asthma, etc.).
   e. Family history of sudden death before the age of 50 years

   ☐ **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). Hand carry this form to medical evaluation.
   ☐ **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 FA.

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 and notify UFPM.

NOTE: RegAF and ANG (Title 10 status): If member was cleared for entry into a fitness program at his/her last physical health assessment (PHA) and his/her PHA is current, the member will take the FA. If not cleared, refer member to PCM for evaluation, and, if medically cleared for unrestricted fitness program, the member will take the FA.

AFR: If member was cleared for participation into a fitness program at a PHA within the last 12 months, the member will take the FA. 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 FA. Refer member 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.

ANG (Title 32 status): Refer member 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 will take the FA.

If member experiences any of the symptoms listed in Question #1 during the fitness assessment, he/she 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.

Medical Evaluation (Only applicable if member marked Yes on Question 1; provider answers all 4 statements)

If medical evaluation is required IAW this FSQ, the provider will complete the following.

I medically evaluated _____ on _____. Medical recommendations are:
(rank, name) (date)

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

Member (is/is not) medically cleared for the maximal effort 2.0-kilometer walk.

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

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

NOTE: An AF Form 469 has been initiated, if appropriate. Airmen with fitness limitations for greater than 30 days must be referred to the EP/FPM for fitness prescription IAW AFI 36-2905.

_____
(Signature/Stamp of Provider)

FITNESS SCREENING QUESTIONNAIRE

You are being asked these questions for your safety and health. The AF Fitness Assessment (FA) 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 have not been evaluated, optimally treated, or not already addressed in an AF Form 469, that may prevent you from safely participating in this test (e.g. heart disease, sickle cell trait, asthma, etc.).

Family history of sudden death before the age of 50 years

❒ **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). Hand carry this form to medical evaluation.
❒ **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 FA.

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.

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 and notify UFPM.

NOTE: RegAF and ANG (Title 10 status): If member was cleared for entry into a fitness program at his/her last physical health assessment (PHA) and his/her PHA is current, the member will take the FA. If not cleared, refer member to PCM for evaluation, and, if medically cleared for unrestricted fitness program, the member will take the FA.

AFR: If member was cleared for participation into a fitness program at a PHA within the last 12 months, the member will take the FA. 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 FA. Refer member 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.

ANG (Title 32 status): Refer member 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 will take the FA.

If member experiences any of the symptoms listed in Question #1 during the fitness assessment, he/she 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.

Medical Evaluation (Only applicable if member marked Yes on Question 1; provider answers all 4 statements)

If medical evaluation is required IAW this FSQ, the provider will complete the following.

_____

I medically evaluated _____ on _____. Medical recommendations are:
(rank, name) (date)

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

Member (is/is not) medically cleared for the maximal effort 2.0-kilometer walk.

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

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

NOTE: An AF Form 469 has been initiated, if appropriate. Airmen with fitness limitations for greater than 30 days must be referred to the EP/FPM for fitness prescription IAW AFI 36-2905.

_____
(Signature/Stamp of Provider)

Attachment 5

FITNESS ASSESSMENT VERBAL INSTRUCTIONS

A5.1. Verbal Air Force Fitness Assessment Instructions. Test Administrator will read/state: You are about to complete the Air Force Fitness Assessment. You are presumed fit to participate based on your completion of the FSQ. You may re-accomplish the FSQ if medical concerns have developed since completion, but must do so prior to beginning the FA. If you experience injury or illness during the FA, you will have the option of being evaluated at the MTF, but your test may still count. If the medical evaluation validates your illness/injury your Commander may invalidate the test results. If the test is invalidated, you will be required to retest within 5 days. At no time will a back-dated AF 469 (fitness exemption) be accepted. Each component requires minimum performance. If for any reason you do not meet the minimum requirements you are expected to complete the remaining components. Scores for all components are final.

A5.2. Verbal Body Composition Instructions. The Test Administrator must read the following instructions to all Airmen and demonstrate the proper technique, or show the Air Force instructional video. If the instructional video is shown, instructions reading and demonstration is not required.

A5.2.1. The abdominal circumference is the assessment for body composition. Please stand facing forward with your arms to your side similar to attention position. I will take the measurement from your right hand side on bare skin only. Before the measurement you will adjust your clothing so it does not fall over your waist during the measurement. I will set the end of the tape directly above your hip-bone (iliac crest) and ask you to hold it in place. I will walk around you to confirm parallel placement of the tape and then I will kneel down to measure the AC at the end of your normal breath exhalation. Make sure you do not hold your breath.

A5.2.2. I will take your measurement 3 times. If there is more than 1 inch difference I will take a 4th measurement. I will average the closest 3 measurements and round the result down to the nearest ½ inch and that will be your recorded score.

A5.3. Push-Up Verbal Instructions. The Test Administrator must read the following instructions to all Airmen and demonstrate the proper technique, or show the Air Force instructional video. If the instructional video is shown, instructions reading and demonstration is not required.

A5.3.1. The push-up is one assessment of muscular fitness. Place your palms or fists on the floor, hands will be slightly wider than shoulder width apart with your elbows fully extended. Your feet may be no more than 12 inches apart and should not be supported, braced or crossed. Your body should maintain a rigid head to heel form. This is the up/starting position.

A5.3.2. Begin by lowering your body to the ground until your upper arms are at least parallel to the floor (elbows bent at 90 degrees) then return to the up position (arms fully extended but not locked). This is one repetition.

A5.3.3. Your chest may touch, but not rest or bounce on the floor. If you do not come down parallel to the floor, the push-up will not count. Resting can only be done in the up position. You may remove your hands or feet from the floor or bridge or bow your back, but only in

the up/rest position, resting any other body part on the floor is not allowed. If resting occurs in the down position, the push-up portion of test will be terminated and your score will be based on the correct number of push-ups performed up to that point.

A5.3.4. Your breathing should be as normal as possible. Make sure you do not hold your breath. You have one minute to perform as many correct push-ups as you are able. Your counter will count the correct number of push-ups aloud. Your counter will not count incorrect push-ups. Your counter will tell you what you are doing wrong and will repeat the last number of correct push-ups until you correct the error. The total number of correct push-ups in one minute is recorded as your score.

A5.4. Sit-up Verbal Instructions. The Test Administrator must read the following instructions to all Airmen and demonstrate the proper technique, or show the Air Force instructional video. If the instructional video is shown, instructions reading and demonstration is not required.

A5.4.1. Begin by laying face up on the floor or mat. Your feet may extend off the floor or mat, but your buttocks, shoulders, and head must not extend beyond the mat. Bend your knees at 90 degrees, with your feet or heels in contact with the floor at all times. Cross your arms over your chest with your open hands or fingers at your shoulders or resting on your upper chest. This is the starting position. When conducting sit-ups, any part of the hands/fingers remain in contact with the shoulders or upper chest at all times.

A5.4.2. If a bolted non-portable toe hold bar is used: Anchor your feet to the ground by hooking your feet/toes under the bar. Your heels must remain in contact with the ground at all times and the bar cannot move while you perform the assessment. If a toe hold bar is NOT used: Members may request the assessor to hold feet with his/her hands or by putting his/her knees on the feet. The assessor may not anchor member by holding behind the calves or by standing on the feet during the assessment as he/she could lose balance and step off. The member may request a member of the same gender to hold the feet and that request must be granted. Let your monitor know if you need your feet held differently prior to beginning the assessment. (e.g., "You are holding my ankles/feet too tight or not enough.”).

A5.4.3. From the starting position, raise your upper torso until your elbows touch your knees or thighs. Then, lower your upper torso until your shoulder blades contact the floor. This is one repetition. Your elbows must touch your knees or thighs at the top of the sit-up, and your shoulder blades must contact the floor or mat at the bottom of the sit-up (keeping any part of your hands/fingers in contact with your shoulder/upper chest at all times).

A5.4.4. The repetition will not count if your hands/fingers come completely away from the chest/shoulder or if your buttocks or heels leave the ground. Additionally, you may not grab onto your shirt as it makes it difficult to determine if you are maintaining proper contact. Any resting must be done in the up position. While resting you may not use knees or any object to support yourself. If there is any resting other than in the up position, the sit-up portion of the test is terminated and your score will be based on the correct number of sit-ups performed up to that point.

A5.4.5. You have one minute to perform as many correct sit-ups as you are able. Your counter will count the correct number of sit-ups aloud. Your counter will not count incorrect sit-ups. Your counter will tell you what you are doing wrong and will repeat the last number

of correct sit-ups until you correct the error. The total number of correct sit-ups in one minute is recorded as your score.

A5.5. 1.5 mile timed run Verbal Instructions: The Test Administrator must read the following instructions to all Airmen and demonstrate the proper technique, or show the Air Force instructional video. If the instructional video is shown, instructions reading and demonstration is not required.

A5.5.1. This 1.5 mile timed run is used to measure cardio-respiratory fitness. Prior to beginning the 1.5 mile run, you may complete up to a 3 minute warm up. You will line up behind the starting line and will be instructed to begin running as I start the stopwatch. No physical assistance from anyone or anything is permitted. Pacing is permitted if there is no physical contact and is not a hindrance to other runners. You are required to stay on and complete the entire marked course. Leaving the course is disqualifying and terminates the test. Your completion time will be recorded when you cross the finish line and you are required to complete a cool down for approximately 5 minutes. If at any time you are feeling in poor health, you are to stop running immediately and you will be given assistance.

A5.6. 2.0 kilometer walk Verbal Instructions: The Test Administrator must read the following instructions to all Airmen and demonstrate the proper technique, or show the Air Force instructional video. If the instructional video is shown, instructions reading and demonstration is not required.

A5.6.1. The Test Administrator must read the following instructions to all Airmen and demonstrate the proper technique, or show the Air Force instructional video. If the instructional video is shown, instructions reading and demonstration is not required. This test measures cardio-respiratory fitness. Prior to beginning the 2.0 km walk, you may complete up to a 3 minute warm up. You will be directed to line up behind the starting line and instructed to begin walking as I start the stopwatch. You are to walk the 2.0 km course as quickly as you can. You must not run, keeping at least one foot in contact with the ground at all times. No physical assistance from anyone or anything is permitted. Pacing is permitted if there is no physical contact and is not a hindrance to others. You are required to stay on and complete the entire marked course. Leaving the course is disqualifying and terminates the test. Your completion time will be recorded when you cross the finish line and you are required to complete a cool down for approximately 5 minutes. If at any time you are feeling in poor health, you are to stop immediately and you will be given assistance.

Attachment 6

1.5-MILE RUN AND 2.0-KILOMETER WALK COURSE REQUIREMENTS

A6.1. Course Requirements for 1.5-mile timed run (2640 yards/2414 meters) and 2.0-kilometer timed walk (2187 yards/2000 meters).

A6.1.1. Establish a standard course of accurate distance that is as level and even as possible.

A6.1.1.1. If a typical 6-lap track is used:

A6.1.1.1.1. 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.

A6.1.1.1.2. For a 2.0-kilometer timed walk, it should be 5 laps on a 400-meter track or 4 laps on a 440 yard track plus an additional 427 yards.

A6.1.1.2. 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.

A6.1.1.3. Clearly mark the start and finish lines (and half-way point for road courses).

A6.1.2. 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.

A6.1.3. Indoor track may be used at the discretion of installation leadership however the track must be certified.

A6.2. Evaluate course safety/environmental conditions to determine if assessment can be properly conducted.

A6.2.1. Snow: no snow accumulation on the running surface.

A6.2.2. Ice: no ice on the running surface that cannot be easily observed and avoided.

A6.2.3. Water: no standing water that a large group cannot easily avoid on the running surface.

A6.2.4. Mud: no mud on the running surface that cannot be easily avoided.

A6.2.5. Lightning: no lightning within 5 nautical miles (~6 miles) and wait at least 30 minutes after the last observed lightning.

A6.2.6. Rain: No significant rain. If assessing on a wet day (rain, mist or heavy dew), the temperature must be > 34 degrees F, including wind chill.

A6.2.7. Hail: no hail forecasted or reported within 25 miles.

A6.2.8. Shelter: establish a safe shelter procedure if there is any storm threat.

A6.2.9. Visibility: must be greater than ¾ mile if crossing or running beside vehicular traffic.

A6.2.10. Light: reflective belts/vests are required if running near traffic from 1 hour before sunset to 1 hour after sunrise.

A6.2.11. Intersections: crossing guards with reflective safety vests/lights must be positioned at all active intersections.

A6.2.12. 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, they must be on-site during all portions of FA.

A6.2.12.1. 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.

A6.2.13. Wind Speed: max wind allowed ≤ 15 mph sustained, ≤ 20 mph gusting.

A6.2.14. Cold Stress: air temperatures must be ≥ 20 degrees F with wind ≤ 15 mph sustained, ≤ 20 mph gusting.

A6.2.15. Heat Stress: Wet Bulb Globe Temperature (WBGT) must be ≤ 86 degrees F at the start of the walk/run (**NOTE:** Consult with base environmental engineering, base weather, or civilian agencies to determine environmental conditions)

Attachment 7

DOD WAIVER FROM BODY FAT METHODOLOGY

Figure A7.1. Copy of DOD Waiver From Body Fat Methodology.

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

PERSONNEL AND READINESS

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 8

SAMPLE MEMO FOR TDY/PME

Figure A8.1. 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 (FIP):

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 9

MEDICATIONS AFFECTING AF FITNESS PROGRAM PARTICIPATION

A9.1. 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 and AFI 10-203.

A9.2. 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 duty/fitness restriction until the medication is no longer needed.

A9.3. Table A9.1 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 fitness participation restriction recommendations. The MTF provider will review the medical documentation and provider restriction recommendations when making fitness testing exemption recommendations.

Table A9.1. Medications Affecting 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). Does not necessarily preclude taking 1.5 mile run component
α- and β-adrenergic blocking agents	Carvedilol Labetalol	Walk: Exempt. Decreases heart rate	Does not necessarily preclude taking 1.5 mile run component
α_1- adrenergic blocking agents	Doxazosin, Terazosin Prazosin	Walk: Exempt. Decreases heart rate	Does not necessarily preclude taking 1.5 mile run component
Central α_2-agonists	Clonidine Guanfacine	Walk: Exempt. May decrease heart rate	Does not necessarily preclude taking 1.5 mile run component

Nitrates	Isosorbide Dinitrate	Run/Walk: exempt until cleared by a cardiologist	
Calcium channel blockers (non-dihydropyridine)	Verapamil Diltiazem	Walk: Exempt. Decreases heart rate	Does not necessarily preclude taking 1.5 mile run component
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 necessarily 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	Should be able to perform all FA components as soon as underlying condition is controlled/medication is at therapeutic level
Phosphodiesterase inhibitors— All	Viagra, Cialis, Levitra	No exemption	Warn patient not to use within 72 hours of FA.

Attachment 10

FITNESS ASSESSMENT CHARTS

A10.1. 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	0	49	8.3	42 *	6.0
12:54 - 13:14 #	Moderate Risk	44.9	40.0	High Risk	0	48	8.1	41	0
13:15 - 13:36 *	Moderate Risk	42.3	40.5	High Risk	0	47	8.0	40	0
13:37 - 14:00	High Risk	0	41.0	High Risk	0	46	7.8	39	0
14:01 - 14:25	High Risk	0	41.5	High Risk	0	45	7.7	38	0
14:26 - 14:52	High Risk	0	42.0	High Risk	0	44 #	7.5	37	0
14:53 - 15:20	High Risk	0	42.5	High Risk	0	43	7.3	36	0
15:21 - 15:50	High Risk	0	43.0	High Risk	0	42	7.2	35	0
15:51 - 16:22	High Risk	0	≥ 43.5	High Risk	0	41	7.0	34	0
16:23 - 16:57	High Risk	0				40	6.8	33	0
≥ 16:58	High Risk	0				39	6.5	32	0
						38	6.3	31	0
NOTES:						37	6.0	30	0
Health Risk Category = low, moderate or high risk for current and future						36	5.8	≤ 29	0
cardiovascular disease, diabetes, certain cancers, and other health problems						35	5.5		
						34	5.3		
Passing Requirements - member ***must***: 1) meet minimum value in each of						33 *	5.0		
the four components, ***and*** 2) achieve a composite point total ≥ 75 points						32	0		
						31	0		
* Minimum Component Values						30	0		
Run time ≤ 13:36 mins:secs / Abd Circ ≤ 39.0 inches						29	0		
Push-ups ≥ 33 repetitions/one minute / Sit-ups ≥ 42 repetitions/one minute						28	0		
						27	0		
# Target Component Values						26	0		
Member should attain or surpass these to achieve ≥ 75.0 composite score						25	0		
						24	0		
Composite Score Categories						23	0		
Excellent ≥ 90.0 pts / Satisfactory = 75.0 - 89.9 / Unsatisfactory < 75.0						22	0		
						21	0		
						20	0		
						19	0		
						18	0		
						≤ 17	0		

A10.2. 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	0	39	8.0	38	0
13:37 - 14:00 *	Moderate Risk	39.3	40.0	High Risk	0	38	7.8	37	0
14:01 - 14:25	High Risk	0	40.5	High Risk	0	37	7.7	36	0
14:26 - 14:52	High Risk	0	41.0	High Risk	0	36 #	7.5	35	0
14:53 - 15:20	High Risk	0	41.5	High Risk	0	35	7.3	34	0
15:21 - 15:50	High Risk	0	42.0	High Risk	0	34	7.0	33	0
15:51 - 16:22	High Risk	0	42.5	High Risk	0	33	6.8	32	0
16:23 - 16:57	High Risk	0	43.0	High Risk	0	32	6.7	31	0
≥ 16:58	High Risk	0	≥ 43.5	High Risk	0	31	6.5	30	0
						30	6.0	29	0
NOTES:						29	5.5	28	0
Health Risk Category = low, moderate or high risk for current and future						28	5.3	27	0
cardiovascular disease, diabetes, certain cancers, and other health problems						27 *	5.0	26	0
						26	0	≤ 25	0
Passing Requirements - member ***must***: 1) meet minimum value in each of						25	0		
the four components, ***and*** 2) achieve a composite point total ≥ 75 points						24	0		
						23	0		
* Minimum Component Values						22	0		
Run time ≤ 14:00 mins:secs / Abd Circ ≤ 39.0 inches						21	0		
Push-ups ≥ 27 repetitions/one minute / Sit-ups ≥ 39 repetitions/one minute						20	0		
						19	0		
# Target Component Values						18	0		
Member should attain or surpass these to achieve ≥ 75.0 composite score						17	0		
						16	0		
Composite Score Categories						15	0		
Excellent ≥ 90.0 pts / Satisfactory = 75.0 - 89.9 / Unsatisfactory < 75.0						14	0		
						13	0		
						≤ 12	0		

A10.3. 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	0	27	7.2	34 *	6.0
14:01 - 14:25 #	Moderate Risk	45.2	40.0	High Risk	0	26	7.0	33	0
14:26 - 14:52 *	Moderate Risk	42.3	40.5	High Risk	0	25	6.5	32	0
14:53 - 15:20	High Risk	0	41.0	High Risk	0	24	6.0	31	0
15:21 - 15:50	High Risk	0	41.5	High Risk	0	23	5.8	30	0
15:51 - 16:22	High Risk	0	42.0	High Risk	0	22	5.5	29	0
16:23 - 16:57	High Risk	0	42.5	High Risk	0	21 *	5.0	28	0
16:58 - 17:34	High Risk	0	43.0	High Risk	0	20	0	27	0
17:35 - 18:14	High Risk	0	≥ 43.5	High Risk	0	19	0	26	0
≥ 18:15	High Risk	0				18	0	25	0
						17	0	24	0
NOTES:						16	0	23	0
Health Risk Category = low, moderate or high risk for current and future						15	0	22	0
cardiovascular disease, diabetes, certain cancers, and other health problems						14	0	≤ 21	0
						13	0		
Passing Requirements - member ***must***: 1) meet minimum value in each of						12	0		
the four components, ***and*** 2) achieve a composite point total ≥ 75 points						11	0		
						10	0		
* Minimum Component Values						9	0		
Run time ≤ 14:52 mins:secs / Abd Circ ≤ 39.0 inches						≤ 8	0		
Push-ups ≥ 21 repetitions/one minute / Sit-ups ≥ 34 repetitions/one minute									
# Target Component Values									
Member should attain or surpass these to achieve ≥ 75.0 composite score									
Composite Score Categories									
Excellent ≥ 90.0 pts / Satisfactory = 75.0 - 89.9 / Unsatisfactory < 75.0									

A10.4. Fitness Assesment 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	0	26	8.2	30	6.5
15:51 - 16:22 *	Moderate Risk	42.4	40.0	High Risk	0	25	8.0	29	6.3
16:23 - 16:57	High Risk	0	40.5	High Risk	0	24 #	7.5	28 *	6.0
16:58 - 17:34	High Risk	0	41.0	High Risk	0	23	7.3	27	0
17:35 - 18:14	High Risk	0	41.5	High Risk	0	22	7.2	26	0
18:15 - 18:56	High Risk	0	42.0	High Risk	0	21	7.0	25	0
18:57 - 19:43	High Risk	0	42.5	High Risk	0	20	6.5	24	0
19:44 - 20:33	High Risk	0	43.0	High Risk	0	19	6.0	23	0
≥ 20:34	High Risk	0	≥ 43.5	High Risk	0	18	5.8	22	0
						17	5.5	21	0
NOTES:						16	5.3	20	0
Health Risk Category = low, moderate or high risk for current and future						15 *	5.0	19	0
cardiovascular disease, diabetes, certain cancers, and other health problems						14	0	18	0
						13	0	17	0
Passing Requirements - member ***must***: 1) meet minimum value in each of						12	0	16	0
the four components, ***and*** 2) achieve a composite point total ≥ 75 points						11	0	15	0
						10	0	≤ 14	0
* Minimum Component Values						9	0		
Run time ≤ 16:22 mins:secs / Abd Circ ≤ 39.0 inches						8	0		
Push-ups ≥ 15 repetitions/one minute / Sit-ups ≥ 28 repetitions/one minute						7	0		
						6	0		
# Target Component Values						≤ 5	0		
Member should attain or surpass these to achieve ≥ 75.0 composite score									
Composite Score Categories									
Excellent ≥ 90.0 pts / Satisfactory = 75.0 - 89.9 / Unsatisfactory < 75.0									

A10.5. 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	0	15	5.3	26	7.0
17:35 - 18:14 *	Moderate Risk	42.4	40.0	High Risk	0	14 *	5.0	25	6.8
18:15 - 18:56	High Risk	0	40.5	High Risk	0	13	0	24	6.5
18:57 - 19:43	High Risk	0	41.0	High Risk	0	12	0	23	6.3
19:44 - 20:33	High Risk	0	41.5	High Risk	0	11	0	22 *	6.0
20:34 - 21:28	High Risk	0	42.0	High Risk	0	10	0	21	0
21:29 - 22:28	High Risk	0	42.5	High Risk	0	9	0	20	0
22:29 - 23:34	High Risk	0	43.0	High Risk	0	8	0	19	0
≥ 23:35	High Risk	0	≥ 43.5	High Risk	0	7	0	18	0
						6	0	17	0
NOTES:						5	0	16	0
Health Risk Category = low, moderate or high risk for current and future						4	0	15	0
cardiovascular disease, diabetes, certain cancers, and other health problems						≤ 3	0	14	0
								13	0
Passing Requirements - member ***must***: 1) meet minimum value in each of								12	0
the four components, ***and*** 2) achieve a composite point total ≥ 75 points								11	0
								10	0
* Minimum Component Values								≤ 9	0
Run time ≤ 18:14 mins:secs / Abd Circ ≤ 39.0 inches									
Push-ups ≥ 14 repetitions/one minute / Sit-ups ≥ 22 repetitions/one minute									
# Target Component Values									
Member should attain or surpass these to achieve ≥ 75.0 composite score									
Composite Score Categories									
Excellent ≥ 90.0 pts / Satisfactory = 75.0 - 89.9 / Unsatisfactory < 75.0									

A10.6. 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	0	29	8.1	38 *	6.0
15:21 - 15:50 #	Moderate Risk	46.9	36.5	High Risk	0	28	8.0	37	0
15:51 - 16:22 *	Moderate Risk	44.1	37.0	High Risk	0	27 #	7.5	36	0
16:23 - 16:57	High Risk	0	37.5	High Risk	0	26	7.3	35	0
16:58 - 17:34	High Risk	0	38.0	High Risk	0	25	7.2	34	0
17:35 - 18:14	High Risk	0	38.5	High Risk	0	24	7.0	33	0
18:15 - 18:56	High Risk	0	39.0	High Risk	0	23	6.5	32	0
18:57 - 19:43	High Risk	0	39.5	High Risk	0	22	6.3	31	0
19:44 - 20:33	High Risk	0	≥ 40.0	High Risk	0	21	6.0	30	0
≥ 20:34	High Risk	0				20	5.8	29	0
						19	5.5	28	0
NOTES:						18 *	5.0	27	0
Health Risk Category = low, moderate or high risk for current and future						17	0	26	0
cardiovascular disease, diabetes, certain cancers, and other health problems						16	0	25	0
						15	0	24	0
Passing Requirements - member ***must***: 1) meet minimum value in each of						14	0	23	0
the four components, ***and*** 2) achieve a composite point total ≥ 75 points						13	0	≤ 22	0
						12	0		
* Minimum Component Values						11	0		
Run time ≤ 16:22 mins:secs / Abd Circ ≤ 35.5 inches						10	0		
Push-ups ≥ 18 repetitions/one minute / Sit-ups ≥ 38 repetitions/one minute						9	0		
						8	0		
# Target Component Values						≤ 7	0		
Member should attain or surpass these to achieve ≥ 75.0 composite score									
Composite Score Categories									
Excellent ≥ 90.0 pts / Satisfactory = 75.0 - 89.9 / Unsatisfactory < 75.0									

A10.7. 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	0	27	8.6	29 *	6.0
16:23 - 16:57 *	Moderate Risk	40.8	36.5	High Risk	0	26	8.5	28	0
16:58 - 17:34	High Risk	0	37.0	High Risk	0	25	8.3	27	0
17:35 - 18:14	High Risk	0	37.5	High Risk	0	24	8.2	26	0
18:15 - 18:56	High Risk	0	38.0	High Risk	0	23	8.0	25	0
18:57 - 19:43	High Risk	0	38.5	High Risk	0	22	7.9	24	0
19:44 - 20:33	High Risk	0	39.0	High Risk	0	21	7.8	23	0
≥ 20:34	High Risk	0	39.5	High Risk	0	20	7.6	22	0
			≥ 40.0	High Risk	0	19 #	7.5	21	0
						18	7.0	20	0
NOTES:						17	6.8	19	0
Health Risk Category = low, moderate or high risk for current and future						16	6.5	18	0
cardiovascular disease, diabetes, certain cancers, and other health problems						15	6.0	17	0
						14 *	5.0	16	0
Passing Requirements - member ***must***: 1) meet minimum value in each of						13	0	15	0
the four components, ***and*** 2) achieve a composite point total ≥ 75 points						12	0	≤ 14	0
						11	0		
* Minimum Component Values						10	0		
Run time ≤ 16:57 mins:secs / Abd Circ ≤ 35.5 inches						9	0		
Push-ups ≥ 14 repetitions/one minute / Sit-ups ≥ 29 repetitions/one minute						8	0		
						7	0		
# Target Component Values						6	0		
Member should attain or surpass these to achieve ≥ 75.0 composite score						≤ 5	0		
Composite Score Categories									
Excellent ≥ 90.0 pts / Satisfactory = 75.0 - 89.9 / Unsatisfactory < 75.0									

A10.8. 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	0	20	8.2	25	6.4
17:35 - 18:14 *#	Moderate Risk	45.9	36.5	High Risk	0	19	8.1	24 *	6.0
18:15 - 18:56	High Risk	0	37.0	High Risk	0	18	8.0	23	0
18:57 - 19:43	High Risk	0	37.5	High Risk	0	17	7.8	22	0
19:44 - 20:33	High Risk	0	38.0	High Risk	0	16 #	7.5	21	0
20:34 - 21:28	High Risk	0	38.5	High Risk	0	15	7.0	20	0
21:29 - 22:28	High Risk	0	39.0	High Risk	0	14	6.5	19	0
≥ 22:29	High Risk	0	39.5	High Risk	0	13	6.0	18	0
			≥ 40.0	High Risk	0	12	5.5	17	0
						11 *	5.0	16	0
						10	0	15	0
						9	0	14	0
						8	0	13	0
						7	0	12	0
						6	0	11	0
						5	0	10	0
						4	0	≤ 9	0
						≤ 3	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 Values

Run time ≤ 18:14 mins:secs / Abd Circ ≤ 35.5 inches

Push-ups ≥ 11 repetitions/one minute / Sit-ups ≥ 24 repetitions/one minute

Target Component Values

Member should attain or surpass these to achieve ≥ 75.0 composite score

Composite Score Categories

Excellent ≥ 90.0 pts / Satisfactory = 75.0 - 89.9 / Unsatisfactory < 75.0

A10.9. 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 #	7.5
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	0
19:44 - 20:33	High Risk	0	35.5 *	Moderate Risk	12.8	18	8.3	18	0
20:34 - 21:28	High Risk	0	36.0	High Risk	0	17	8.2	17	0
21:29 - 22:28	High Risk	0	36.5	High Risk	0	16	8.1	16	0
22:29 - 23:34	High Risk	0	37.0	High Risk	0	15	8.0	15	0
≥ 23:35	High Risk	0	37.5	High Risk	0	14 #	7.5	14	0
			38.0	High Risk	0	13	7.0	13	0
			38.5	High Risk	0	12	6.5	12	0
			39.0	High Risk	0	11	6.0	11	0
			39.5	High Risk	0	10	5.5	10	0
			≥ 40.0	High Risk	0	9 *	5.0	9	0
						8	0	8	0
						7	0	7	0
						6	0	6	0
						5	0	≤ 5	0
						4	0		
						3	0		
						≤2	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 Values

Run time ≤ 19:43 mins:secs / Abd Circ ≤ 35.5 inches

Push-ups ≥ 9 repetitions/one minute / Sit-ups ≥ 20 repetitions/one minute

Target Component Values

Member should attain or surpass these to achieve ≥ 75.0 composite score

Composite Score Categories

Excellent ≥ 90.0 pts / Satisfactory = 75.0 - 89.9 / Unsatisfactory < 75.0

A10.10. 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	0	35.5 *	Moderate Risk	12.8	7 *	5.0	16	7.8
23:35 - 24:46	High Risk	0	36.0	High Risk	0	6	0	15 #	7.5
24:47 - 26:06	High Risk	0	36.5	High Risk	0	5	0	14	7.3
≥ 26:07	High Risk	0	37.0	High Risk	0	4	0	13	7.0
			37.5	High Risk	0	3	0	12	6.5
			38.0	High Risk	0	2	0	11 *	6.0
			38.5	High Risk	0	≤1	0	10	0
			39.0	High Risk	0			9	0
			39.5	High Risk	0			8	0
			≥ 40.0	High Risk	0			7	0
								6	0
								5	0
								4	0
								3	0
								2	0
								≤ 1	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 Values

Run time ≤ 22:28 mins:secs / Abd Circ ≤ 35.5 inches

Push-ups ≥ 7 repetitions/one minute / Sit-ups ≥ 11 repetitions/one minute

Target Component Values

Member should attain or surpass these to achieve ≥ 75.0 composite score

Composite Score Categories

Excellent ≥ 90.0 pts / Satisfactory = 75.0 - 89.9 / Unsatisfactory < 75.0

Attachment 11

2.0-KILOMETER TIMED WALK INSTRUCTIONS

A11.1. Criteria. The following criteria must be considered prior to the 2.0-kilometer timed walk assessment.

A11.1.1. Members completing the assessment must wear the Air Force physical training uniform.

A11.1.2. Members must warm-up prior to beginning the assessment.

A11.1.3. Members must complete the FSQ.

A11.1.4. Course safety/environmental conditions as described in **Attachment 6** (paragraph A6.2).

A11.2. Requirements.

A11.2.1. A measured 2.0-kilometer, uninterrupted course approved by the Wing CC. The course will meet requirements of paragraph A6.1., with the exception of the number of laps.

A11.2.2. 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.

A11.2.3. Additional equipment requirements include timers, notepads, scorecards, and pens/pencils.

A11.3. Administering the 2.0-kilometer walk assessment.

A11.3.1. Airmen performing the 2.0-kilometer (2,000 meters) walk are required to walk as quickly as possible. Airmen must walk but not run, keeping at least one foot in contact with the ground at all times.

A11.4. Scoring results of the 2.0-kilometer walk assessment.

A11.4.1. The walk test is a pass or fail assessment. No points are awarded for successful completion. If an Airman passes the 2.0 km walk test, the Airman will have a composite score calculated on the assessed components in the same way the score would be calculated if the Airman were exempt from the aerobic component. Use test standards in **Attachment 12**.

Attachment 12

ALTERNATE AEROBIC TEST STANDARDS

A12.1. The 2.0-Kilometer Walk Test Standards.

Male Standards		**Female Standards**	
Age (yrs)	**Maximum Time (mins:secs)**	**Age (yrs)**	**Maximum Time (mins:secs)**
< 30	16:16	<30	17:22
30-39	16:18	30-39	17:28
40-49	16:23	40-49	17:49
50-59	16:40	50-59	18:11
60+	16:58	60+	18:53

Attachment 13

TABLE A13.1. MAXIMUM BODY MASS INDEX (BMI) STANDARDS:

Represents Maximum Allowable Weights for BMI of 25 kg/m^2 (regardless of age and gender)																							
Height (inches)	**58**	**59**	**60**	**61**	**62**	**63**	**64**	**65**	**66**	**67**	**68**	**69**	**70**	**71**	**72**	**73**	**74**	**75**	**76**	**77**	**78**	**79**	**80**
Weight (pounds)	**119**	**124**	**128**	**132**	**136**	**141**	**145**	**150**	**155**	**159**	**164**	**169**	**174**	**179**	**184**	**189**	**194**	**200**	**205**	**210**	**216**	**221**	**227**

Attachment 14

ADMINISTRATIVE AND PERSONNEL ACTIONS FOR FAILING TO ATTAIN PHYSICAL FITNESS STANDARDS

Table A14.1. Administrative and Personnel Actions for Failing to Attain Physical Fitness Standards.

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 or Withhold 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
Remove Promotion (Officer)			X	X
Administrative Demotion (Enlisted)			X	X
Administrative Separation				X
(ARC only) Transfer to Obligated Reserve Section or Non-obligated, Non-participating Ready Personnel Section				X

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.

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.

Attachment 15

SAMPLE MEMORANDUM FOR MEDICAL VALIDATION OF FITNESS ASSESSMENT ILLNESS/INJURY

A15.1. Sample Memorandum.

(Appropriate Letterhead)

MEMORANDUM FOR UNIT COMMANDER (date)

FROM: (Medical Provider)

SUBJECT: Medical Validation of Fitness Assessment Illness/Injury

I evaluated (rank, name) on (date) for a reported injury or illness that occurred during the fitness assessment on (date) IAW AFI 36-2905, Fitness Program.

I (validate / do not validate) the reported injury or illness adversely impacted the fitness assessment score.

(Signature/Rank/Phone Number of Provider)

Attachment 16

SAMPLE MEMORANDUM FOR MEDICAL EVALUATION FOLLOWING MULTIPLE UNSATISFACTORY FITNESS ASSESSMENTS

MEMORANDUM FOR MEDICAL PROVIDER

FROM: _____/CC(F)
(Unit)

SUBJECT: Medical Condition Determination for Fitness Assessment (FA) Test Failures

Please determine whether there was a medical condition that precluded _____-_____ from achieving a passing score
(Rank/Name)

on the FA tests identified in the table below. Please contact me at DSN _____ with

any questions.

_____,_____, USAF
(Name) (Rank)

Commander/First Sergeant

1st Ind, MEDICAL PROVIDER

TO: UNIT/CC(F)

1. I have reviewed the member's medical record for each of the following FA tests as indicated by my initials below. I may be reached at DSN_____.

Filled in by Unit (CC, CCF, or UFPM)						**Completed by Medical Provider**	
Member took FA tests on:	For this test, member was:					For this test, member:	
(Fill in FA failures for which a medical determination is required. If there is already a medical opinion on past failure, do NOT request another medical determination for that test.)	**not** exempt from any portion of the FA test.	exempt from run/ walk.	exempt from sit-ups.	exempt from push-ups.	exempt from abdominal circumference measurement.	**had** a documented medical condition that precluded him/her from achieving a passing score in a non-exempt portion of the FA test.	**did not have** a documented medical condition that precluded him/her from achieving a passing score in a non-exempt portion of the FA test.
___/_____/___	☐	☐	☐	☐	☐	☐	☐
___/_____/___	☐	☐	☐	☐	☐	☐	☐
___/_____/___	☐	☐	☐	☐	☐	☐	☐
___/_____/___	☐	☐	☐	☐	☐	☐	☐

_____
Signature & Stamp of Medical Provider and Date

_____
Signature & Stamp of Senior Profiling Officer and Date

This document/attachment may contain information which must be protected IAW AFI 33-332 and DoD Reg 5400.11; Privacy Act of 1974 as amended 5 U.S.C. 552a applies, and is For Official Use Only (FOUO). RECIPIENT IS RESPONSIBLE FOR SAFEGUARDING AND MAINTAINING THIS PRODUCT IAW THE PRIVACY ACT OF 1974, PL 93-579.

Attachment 17

ALTITUDE TIME CORRECTION FOR 1.5 MILE RUN

A17.1. Altitude Time Correction For 1.5 Mile Run.

		Group 1		Group 2		Group 3		Group 4
		Test altitude		Test altitude		Test altitude		Test altitude
		between		between		between		at or greater than
		5250 ft - 5499 ft		5500 ft - 5999 ft		6000 ft - 6599 ft		6600 ft
1.5-Mile Run Time		Altitude correction		Altitude correction		Altitude correction		Altitude correction
(min:sec)		(sec)		(sec)		(sec)		(sec)
≤ 9:12		0:02		0:06		0:11		0:18
9:13 - 9:22		0:02		0:06		0:11		0:18
9:23 - 9:34		0:02		0:06		0:11		0:19
9:35 - 9:45		0:02		0:07		0:12		0:20
9:46 - 9:58		0:02		0:07		0:12		0:20
9:59 - 10:10		0:02		0:07		0:12		0:20
10:11 - 10:23		0:02		0:07		0:12		0:21
10:24 - 10:37		0:02		0:07		0:12		0:21
10:38 - 10:51		0:02		0:08		0:13		0:22
10:52 - 11:06		0:02		0:08		0:13		0:22
11:07 - 11:22		0:02		0:08		0:13		0:22
11:23 - 11:38		0:03		0:08		0:14		0:23
11:39 - 11:56		0:03		0:09		0:15		0:24
11:57 - 12:14		0:03		0:09		0:15		0:25
12:15 - 12:33		0:03		0:09		0:15		0:26
12:34 - 12:53		0:03		0:09		0:16		0:26
12:54 - 13:14		0:03		0:09		0:16		0:27
13:15 - 13:36		0:03		0:10		0:16		0:28
13:37 - 14:00		0:03		0:10		0:17		0:28
14:01 - 14:25		0:03		0:10		0:17		0:29
14:26 - 14:52		0:03		0:11		0:18		0:31
14:53 - 15:20		0:03		0:11		0:18		0:31
15:21 - 15:50		0:04		0:11		0:19		0:32
15:51 - 16:22		0:04		0:12		0:20		0:34
16:23 - 16:57		0:05		0:13		0:21		0:36
16:58 - 17:34		0:05		0:13		0:22		0:37
17:35 - 18:14		0:05		0:14		0:23		0:38
18:15 - 18:56		0:05		0:14		0:24		0:40
18:57 - 19:43		0:05		0:15		0:25		0:42
19:44 - 20:33		0:05		0:15		0:26		0:43
20:34 - 21:28		0:06		0:17		0:28		0:46
21:29 - 22:28		0:06		0:18		0:29		0:49
22:29 - 23:34		0:06		0:18		0:31		0:51
23:35 - 24:46		0:06		0:19		0:32		0:54
24:47 - 26:06		0:07		0:20		0:34		0:57
≥ 26:07		0:08		0:22		0:37		1:02

A17.2. Altitude Time Correction For 2.0 Kilometer Walk (Male).

				Group 1		Group 2		Group 3		Group 4
				5250 ft – 5500 ft		5500 ft – 6000 ft		6000 ft – 6600 ft		> 6600 ft
Age (yrs)		2.0 km Maximum Walk Time		2.0 km Maximum Walk Time		2.0 km Maximum Walk Time		2.0 km Maximum Walk Time		2.0 km Maximum Walk Time
		(min:secs)		(min:secs)		(min:secs)		(min:secs)		(min:secs)
< 30		16:16		16:18		16:22		16:25		16:31
30 - 39		16:18		16:20		16:24		16:27		16:33
40 - 49		16:23		16:25		16:28		16:31		16:37
50 - 59		16:40		16:42		16:45		16:48		16:53
60 +		16:58		16:59		17:02		17:05		17:10

A17.3. Altitude Time Correction For 2.0 Kilometer Walk (Female).

				Group 1		Group 2		Group 3		Group 4
		(min:secs)		5250 ft – 5500 ft		5500 ft – 6000 ft		6000 ft – 6600 ft		> 6600 ft
Age (yrs)		2.0 km Maximum Walk Time		2.0 km Maximum Walk Time		2.0 km Maximum Walk Time		2.0 km Maximum Walk Time		2.0 km Maximum Walk Time
		(min:secs)		(min:secs)		(min:secs)		(min:secs)		(min:secs)
< 30		17:22		17:25		17:30		17:34		17:42
30 - 39		17:28		17:30		17:35		17:40		17:47
40 - 49		17:49		17:52		17:56		18:00		18:07
50 - 59		18:11		18:13		18:17		18:21		18:28
60 +		18:53		18:54		18:58		19:02		19:08

Attachment 18

WRITTEN ORDER FOR FAC AUGMENTEES

A18.1. Sample Order.

Date:

MEMORANDUM FOR FAC REPRESENTATIVES, UFPMs, AND FAC AUGMENTEES

FROM: (Installation Commander - highly recommended)

SUBJECT: Written Order – Duties Associated with Air Force Fitness Program

1. Part of your duties in the Air Force Fitness Program will require you to have access to sensitive and protected Privacy Act information regarding Air Force members. That information includes, but is not limited to, fitness test scores, social security numbers (SSN), and medical information.

2. You are hereby ordered to correctly record all fitness test results as required as part of your duties. You will not alter or change an Air Force member's fitness test results. You are also ordered not to release, reveal, or disclose any Air Force member's fitness scores, SSNs, medical information or other information received as part of your duties associated with the Air Force Fitness Program.

3. Violations of this order may subject you to administrative and/or disciplinary action under the Uniform Code of Military Justice (UCMJ).

_____

(Commander's Signature)

Date:

1st Ind, (Member's name and office symbol)

MEMORANDUM FOR

I hereby acknowledge understanding and receipt of this order.

_____

(AF Member's Signature)

Attachment 19

BODY FAT ASSESSMENT (BFA) INSTRUCTIONS

Table A19.1. Instructions (Male).

NECK:	With the member looking straight ahead and shoulders down (not hunched), measure the neck circumference at a point just below the larynx (Adams Apple). Because of the shape of the neck, the tape will usually be angled down slightly toward the front similar to the shirt collar line. This angle will vary depending on where the larynx is located. **Round the neck measurement up to the nearest quarter inch.**
ABDOMEN:	With the member standing with arms at his sides and at the end of a normal relaxed exhalation, measure the abdominal circumference at the navel while keeping the tape level (horizontal) to the floor. Ensure the tape measure is horizontal all the way around the abdomen. **Round the abdomen measurement down to the nearest quarter inch.**
BODY FAT PERCENTAGE DETERMINATION:	Determine the individual's body fat percentage by: Subtracting the neck measurement from the abdominal measurement to determine the circumference value. Use the Body Fat Percent Tables for Men at **Attachment 20** and compare this value to the individual's height measurement.

Figure A19.1. Male Neck Measurement (Front View).

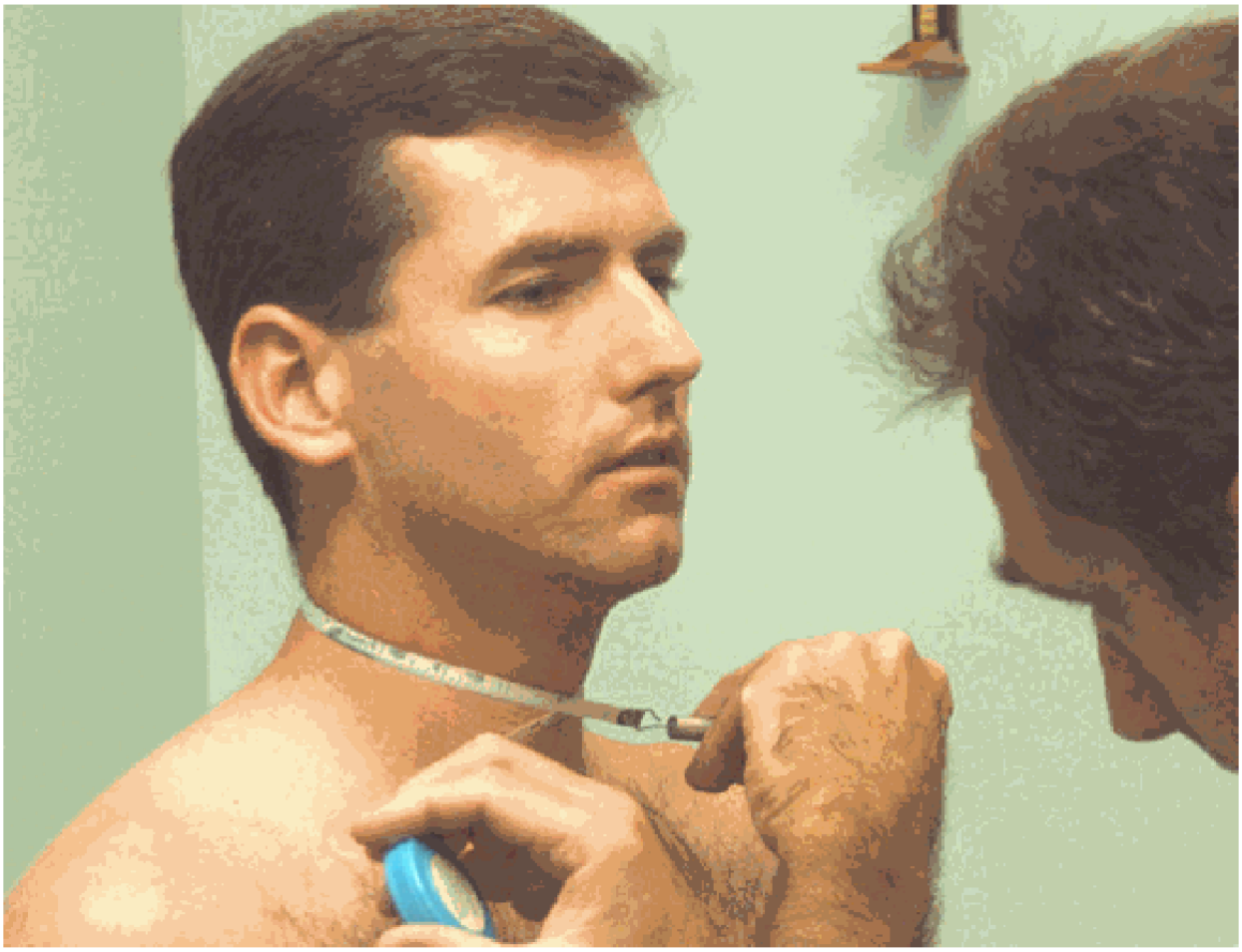

Figure A19.2. Male Neck Measurement (Side View).

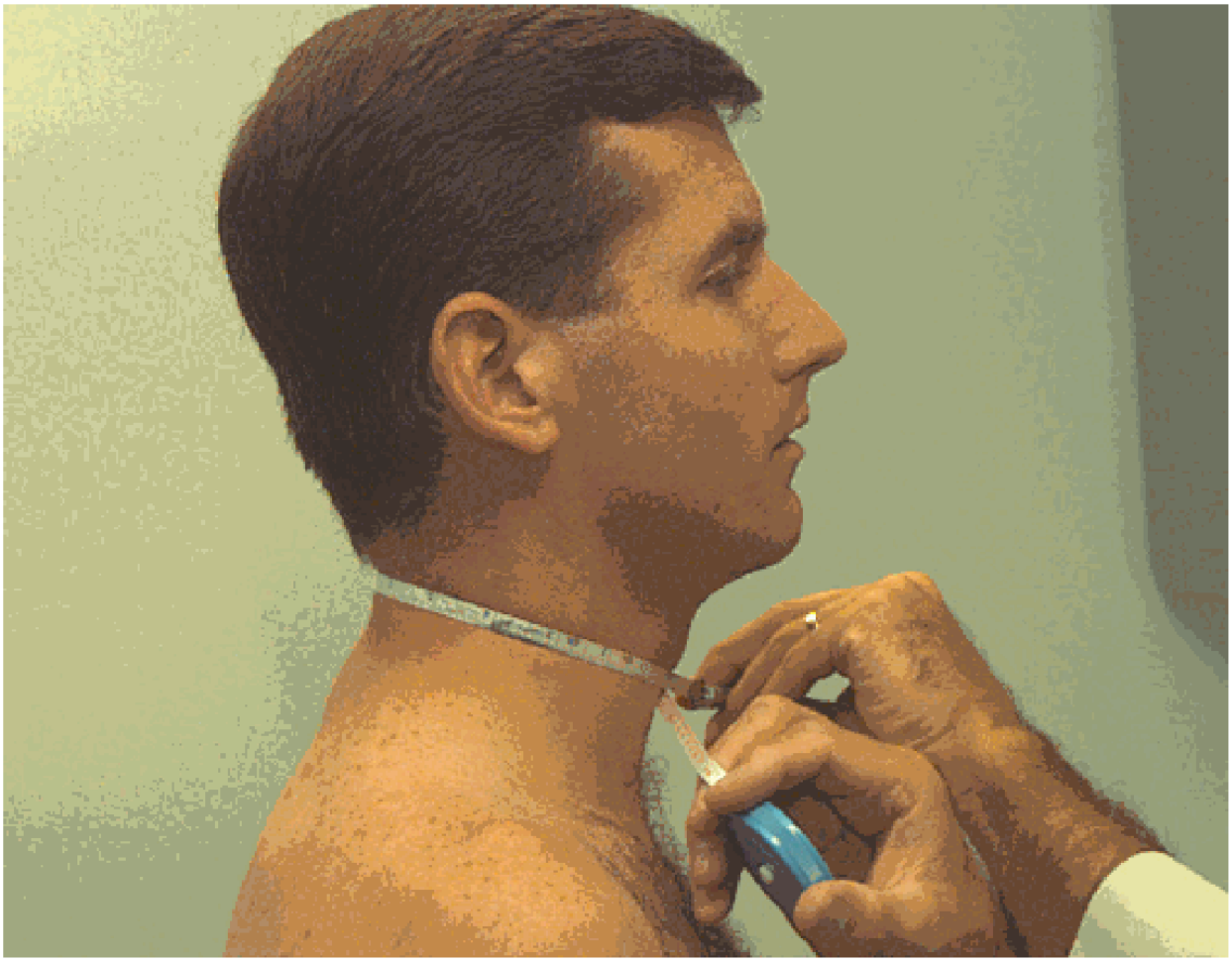

Figure A19.3. Male Waist Measurement (Frontal View).

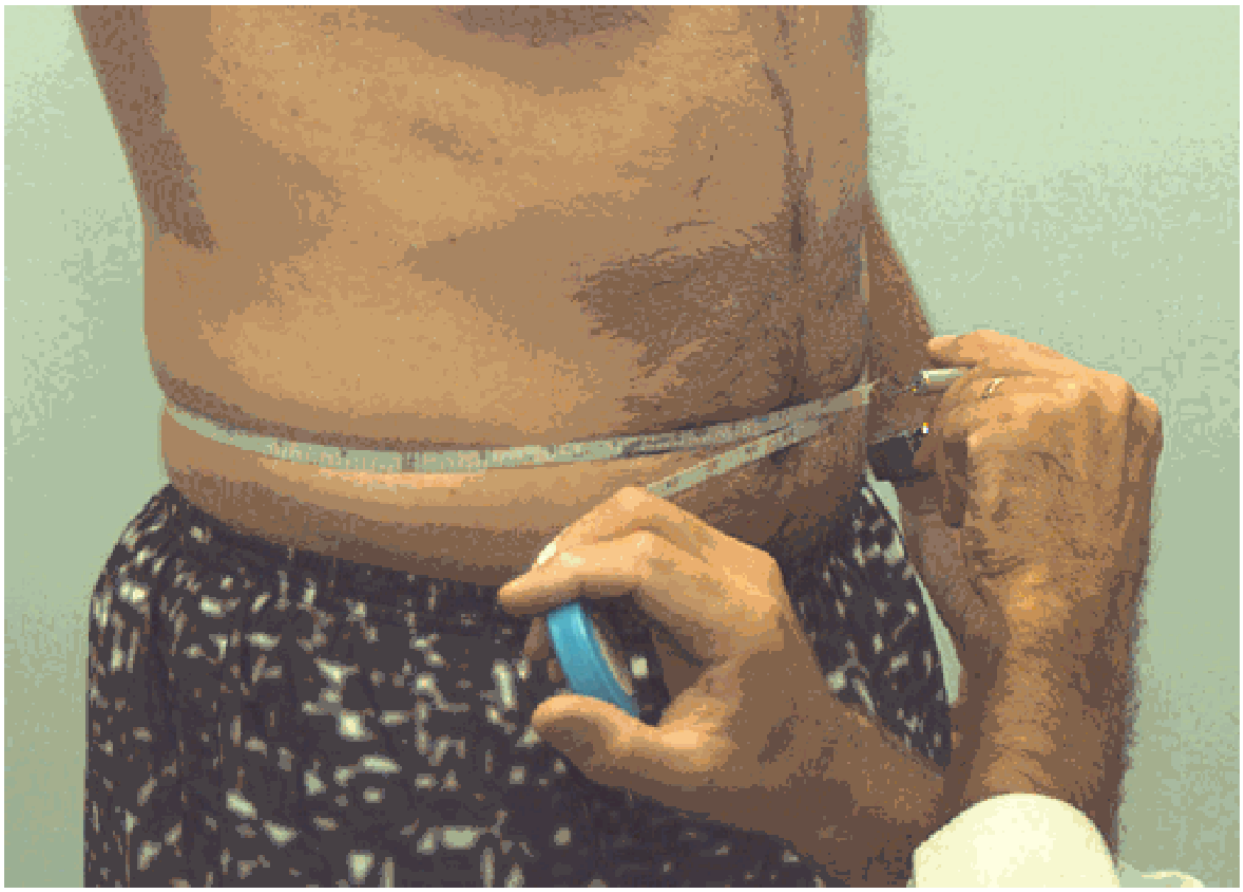

Figure A19.4. Male Waist Measurement (Side View).

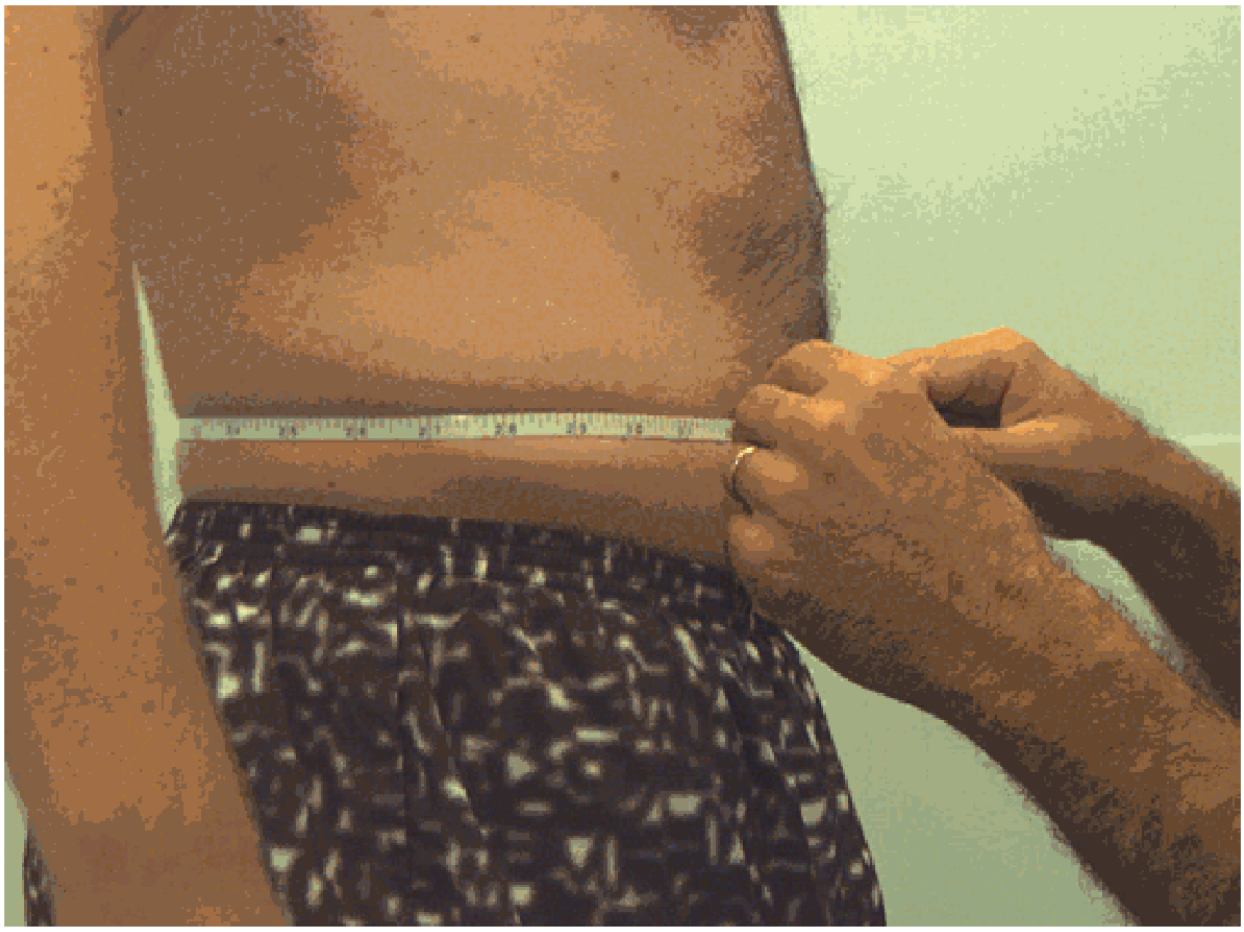

Figure A19.5. Male Waist Measurement (Back View).

Table A19.2. Instructions (Female).

NECK:	With the member looking straight ahead and shoulders down (not hunched), measure the neck circumference at a point just below the larynx. Because of the shape of the neck, the tape will usually be angled down slightly toward the front similar to the shirt collar line. This angle will vary depending on where the larynx is located. **Round the neck measurement up to the nearest quarter inch.**
WAIST:	With the member standing with arms at her sides and at the end of a normal relaxed exhalation, measure the natural waist circumference. The natural waist circumference is the narrowest point, usually located about half way between the navel and the lower end of the sternum (breastbone). Ensure the tape measure is horizontal all the way around the waist. When it is not easy to distinguish the narrowest point, take several measurements and use the smallest measurement. **Round the waist measurement down to the nearest quarter inch.**

BUTTOCKS:	While facing the member's right side, and with the tape measure level (horizontal) to the floor, measure the buttocks circumference by placing the tape (ensure the tape measure is horizontal all the way around) so it passes over the buttocks at the point that protrudes the farthest. **EXCEPTION:** Ensure no part of the leg or thigh is a part of the measurement. If so, raise the tape measure up (still keeping it horizontal) to the point in which no part of the leg or thigh is a part of the measurement. **Round the buttock measurement down to the nearest quarter inch.**
BODY FAT PERCENTAGE DETERMINA-TION:	Determine the individual's body fat percentage by: Adding the waist and buttocks measurements then subtracting the neck measurement from the sum to determine the circumference value. Use the Body Fat Percent Tables for Women and compare this value to the individual's height measurement. Refer to **Attachment 20.**

Figure A19.6. Female Neck Measurement (Frontal View).

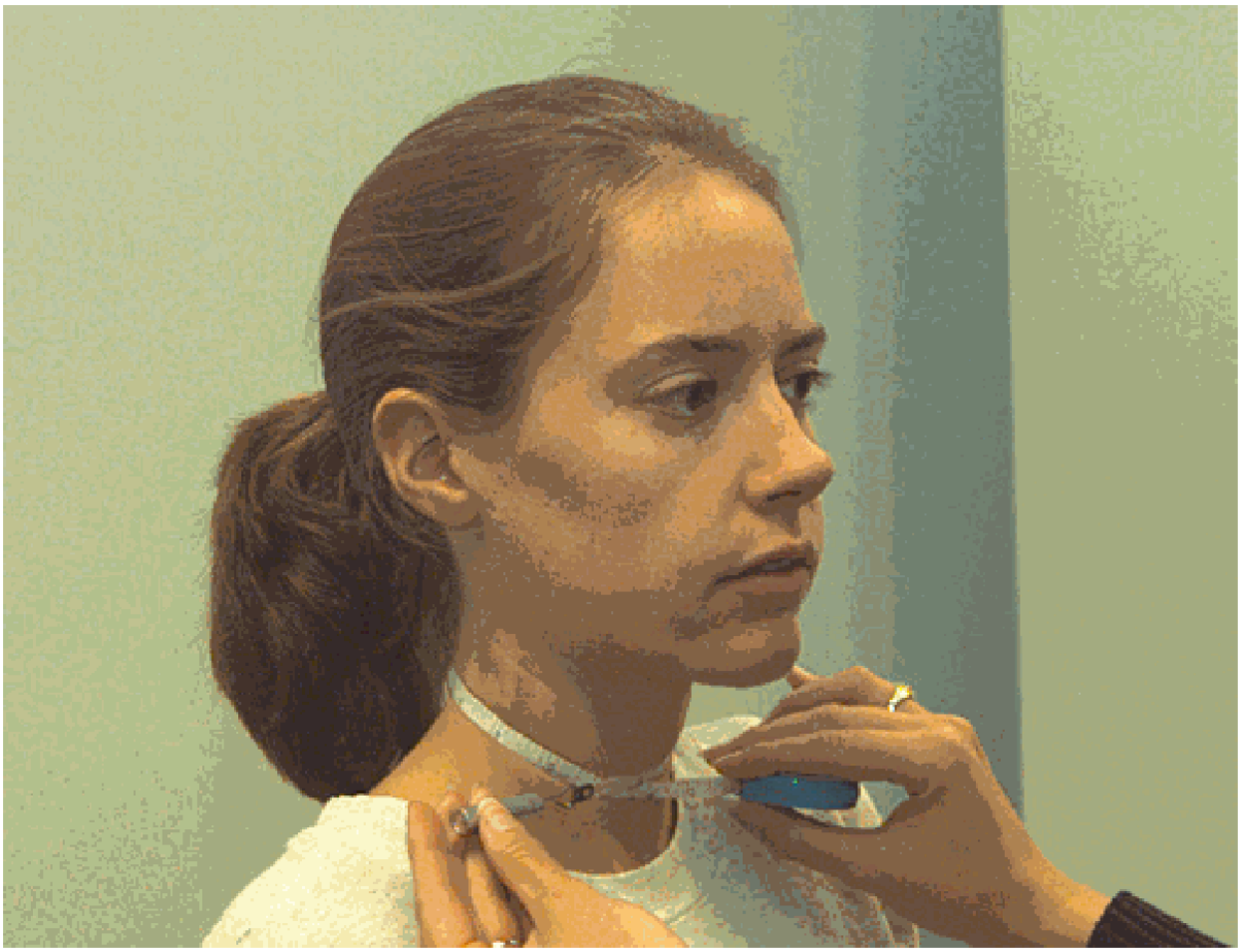

Figure A19.7. Female Neck Measurement (Back View).

Figure A19.8. Female Neck Measurement (Side View).

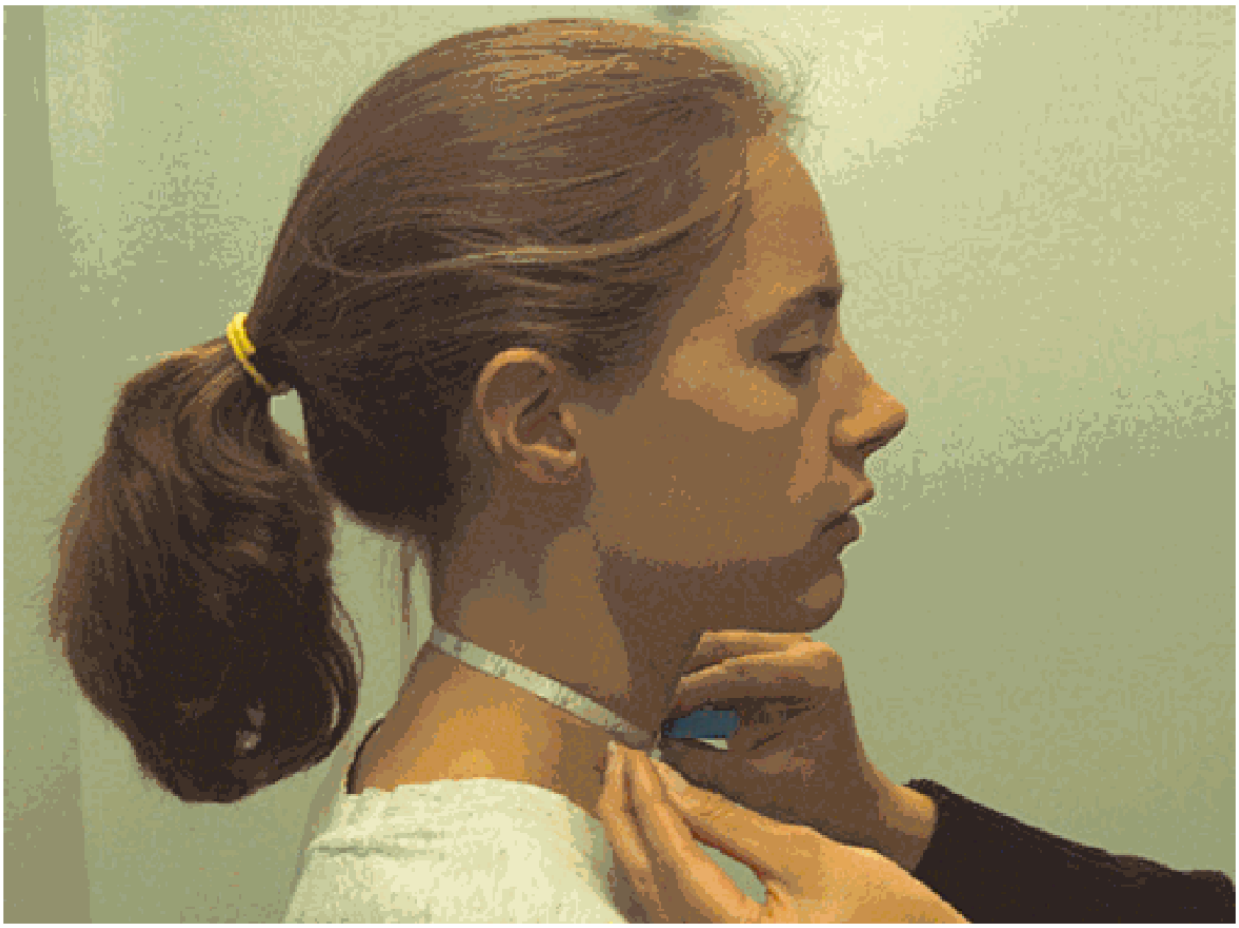

Figure A19.9. Female Waist Measurement (Frontal View).

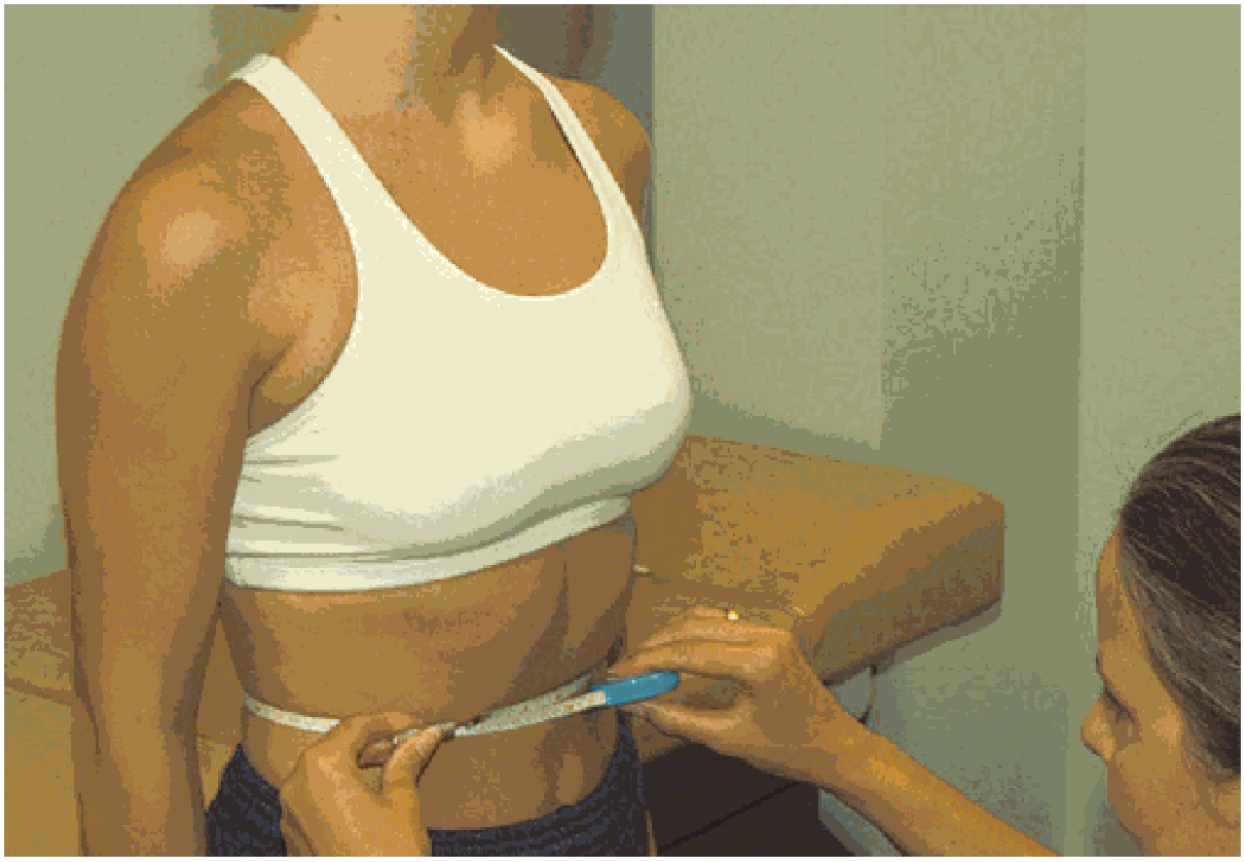

Figure A19.10. Female Waist Measurement (Side View).

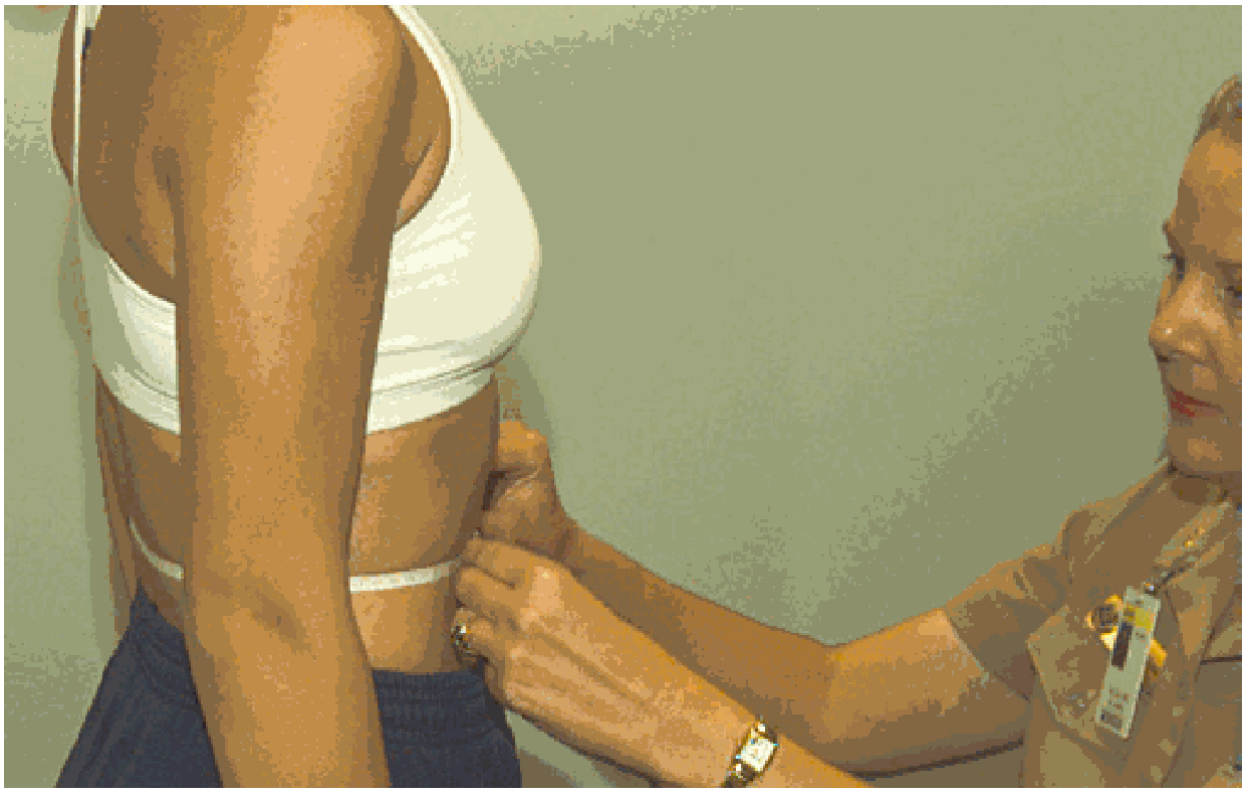

Figure A19.11. Female Buttock Measurement (Side View).

Attachment 20

BODY FAT PERCENT TABLES

Table A20.1. Body Fat Percent Tables (Male).

CIRCUM	HEIGHT (INCHES)									
VALUE	60	60.5	61	61.5	62	62.5	63	63.5	64	64.5
11.00	3	2	2	2	2	1	1	0	0	0
11.25	3	3	3	3	2	2	2	2	1	1
11.50	4	4	4	3	3	3	3	2	2	2
11.75	5	5	4	4	4	4	3	3	3	3
12.00	6	5	5	5	5	4	4	4	4	3
12.25	6	6	6	6	5	5	5	5	4	4
12.50	7	7	6	6	6	6	6	5	5	5
12.75	8	7	7	7	7	6	6	6	6	6
13.00	8	8	8	8	7	7	7	7	6	6
13.25	9	9	9	8	8	8	8	7	7	7
13.50	10	9	9	9	9	8	8	8	8	8
13.75	10	10	10	10	9	9	9	9	8	8
14.00	11	11	10	10	10	10	10	9	9	9
14.25	12	11	11	11	11	10	10	10	10	9
14.50	12	12	12	11	11	11	11	11	10	10
14.75	13	13	12	12	12	12	11	11	11	11
15.00	13	13	13	13	12	12	12	12	12	11
15.25	14	14	14	13	13	13	13	12	12	12
15.50	15	14	14	14	14	13	13	13	13	12
15.75	15	15	15	14	14	14	14	13	13	13
16.00	16	15	15	15	15	15	14	14	14	14
16.25	16	16	16	16	15	15	15	15	14	14
16.50	17	17	16	16	16	16	15	15	15	15
16.75	17	17	17	17	16	16	16	16	15	15
17.00	18	18	17	17	17	17	16	16	16	16
17.25	18	18	18	18	17	17	17	17	17	16
17.50	19	19	19	18	18	18	18	17	17	17
17.75	20	19	19	19	19	18	18	18	18	17
18.00	20	20	20	19	19	19	19	18	18	18
18.25	21	20	20	20	20	19	19	19	19	18
18.50	21	21	21	20	20	20	20	19	19	19
18.75	22	21	21	21	21	20	20	20	20	19
19.00	22	22	22	21	21	21	21	20	20	20

19.25	23	22	22	22	22	21	21	21	21	20
19.50	23	23	23	22	22	22	22	21	21	21
19.75	23	23	23	23	22	22	22	22	22	21
20.00	24	24	23	23	23	23	22	22	22	22
20.25	24	24	24	24	23	23	23	23	22	22
20.50	25	25	24	24	24	24	23	23	23	23
20.75	25	25	25	25	24	24	24	24	23	23
21.00	26	26	25	25	25	25	24	24	24	24
21.25	26	26	26	25	25	25	25	25	24	24
21.50	27	26	26	26	26	25	25	25	25	24
21.75	27	27	27	26	26	26	26	25	25	25
22.00	28	27	27	27	27	26	26	26	26	25
22.25	28	28	27	27	27	27	27	26	26	26
22.50	28	28	28	28	27	27	27	27	26	26
22.75	29	29	28	28	28	28	27	27	27	27
23.00	29	29	29	29	28	28	28	28	27	27
23.25	30	29	29	29	29	28	28	28	28	27
23.50	30	30	30	29	29	29	29	28	28	28
23.75	31	30	30	30	29	29	29	29	29	28
24.00	31	31	30	30	30	30	29	29	29	29
24.25	31	31	31	31	30	30	30	30	29	29
24.50	32	31	31	31	31	30	30	30	30	29
24.75	32	32	32	31	31	31	31	30	30	30
25.00	33	32	32	32	31	31	31	31	30	30
25.25	33	33	32	32	32	32	31	31	31	31
25.50	33	33	33	33	32	32	32	31	31	31
25.75	34	33	33	33	33	32	32	32	32	31
26.00	35	34	34	33	33	33	32	3	32	32
26.25	34	34	34	34	33	33	33	33	32	32
26.50	35	35	34	34	34	33	33	33	33	32
26.75	35	35	35	34	34	34	34	33	33	33
27.00	36	35	35	35	34	34	34	34	33	33
27.25	36	36	35	35	35	35	34	34	34	34
27.50	36	36	36	35	35	35	35	34	34	34
27.75	37	36	36	36	36	35	35	35	35	34
28.00	37	37	36	36	36	36	35	35	35	35
28.25	37	37	37	37	36	36	36	35	35	35
28.50	38	37	37	37	37	36	36	36	36	35
28.75	38	38	37	37	37	37	36	36	36	36
29.00	38	38	38	38	37	37	37	37	36	36

29.25	39	38	38	38	38	37	37	37	37	36
29.50	39	39	39	38	38	38	37	37	37	37
29.75	39	39	39	39	38	38	38	38	37	37
30.00	40	39	39	39	39	38	38	38	38	37
30.25	40	40	40	39	39	39	38	38	38	38
30.50	40	40	40	40	39	39	39	39	38	38
30.75	41	40	40	40	40	39	39	39	39	38
31.00	41	41	40	40	40	40	39	39	39	39
31.25	41	41	41	41	40	40	40	40	39	39
31.50	42	41	41	41	41	40	40	40	40	39
31.75	42	42	41	41	41	41	40	40	40	40
32.00	42	42	42	42	41	41	41	40	40	40
32.25	43	42	42	42	42	41	41	41	41	40
32.50	43	43	42	42	42	42	41	41	41	41
32.75	43	43	43	42	42	42	42	41	41	41
33.00	44	43	43	43	42	42	42	42	41	41
33.25	44	44	43	43	43	43	42	42	42	42
33.50	44	44	44	43	43	43	43	42	42	42
33.75	44	44	44	44	43	43	43	43	42	42
34.00	45	45	44	44	44	43	43	43	43	42
34.25	45	45	45	44	44	44	43	43	43	43
34.50	45	45	45	45	44	44	44	44	43	43
34.75	46	45	45	45	45	44	44	44	44	43
35.00	46	46	45	45	45	45	44	44	44	44
35.25	46	46	46	45	45	45	45	44	44	44

Table A20.2. Body Fat Percent Tables (Male) Continued.

CIRCUM	HEIGHT (INCHES)									
VALUE	65	65.5	66	66.5	67	67.5	68	68.5	69	69.5
11.00	0	0	0	0	0	0	0	0	0	0
11.25	1	0	0	0	0	0	0	0	0	0
11.50	2	2	1	1	0	0	0	0	0	0
11.75	3	2	2	2	2	1	1	1	0	0
12.00	3	3	3	3	2	2	2	2	2	1
12.25	4	4	4	3	3	3	3	3	2	2
12.50	5	4	4	4	4	4	3	3	3	3
12.75	5	5	5	5	5	4	4	4	4	3
13.00	6	6	6	5	5	5	5	5	4	4
13.25	7	6	6	6	6	6	5	5	5	5

13.50	7	7	7	7	6	6	6	6	6	5
13.75	8	8	8	7	7	7	7	7	6	6
14.00	9	8	8	8	8	8	7	7	7	7
14.25	9	9	9	9	8	8	8	8	8	7
14.50	10	10	9	9	9	9	9	8	8	8
14.75	10	10	10	10	10	9	9	9	9	9
15.00	11	11	11	10	10	10	10	10	9	9
15.25	12	11	11	11	11	11	10	10	10	10
15.50	12	12	12	12	11	11	11	11	11	10
15.75	13	13	12	12	12	12	12	11	11	11
16.00	13	13	13	13	12	12	12	12	12	11
16.25	14	14	13	13	13	13	13	12	12	12
16.50	14	14	14	14	14	13	13	13	13	13
16.75	15	15	15	14	14	14	14	13	13	13
17.00	16	15	15	15	15	14	14	14	14	14
17.25	16	16	16	15	15	15	15	15	14	14
17.50	17	16	16	16	16	16	15	15	15	15
17.75	17	17	17	16	16	16	16	16	15	15
18.00	18	17	17	17	17	17	16	16	16	16
18.25	18	18	18	17	17	17	17	17	16	16
18.50	19	18	18	18	18	18	17	17	17	17
18.75	19	19	19	18	18	18	18	18	17	17
19.00	20	19	19	19	19	19	18	18	18	18
19.25	20	20	20	19	19	19	19	19	18	18
19.50	21	20	20	20	20	19	19	19	19	19
19.75	21	21	21	20	20	20	20	19	19	19
20.00	22	21	21	21	21	20	20	20	20	20
20.25	22	22	22	21	21	21	21	20	20	20
20.50	22	22	22	22	22	21	21	21	21	20
20.75	23	23	22	22	22	22	22	21	21	21
21.00	23	23	23	23	22	22	22	22	22	21
21.25	24	24	23	23	23	23	22	22	22	22
21.50	24	24	24	24	23	23	23	23	22	22
21.75	25	24	24	24	24	24	23	23	23	23
22.00	25	25	25	24	24	24	24	24	23	23
22.25	26	25	25	25	25	24	24	24	24	23
22.50	26	26	25	25	25	25	25	24	24	24
22.75	26	26	26	26	25	25	25	25	25	24
23.00	27	27	26	26	26	26	25	25	25	25
23.25	27	27	27	27	26	26	26	26	25	25

23.50	28	27	27	27	27	26	26	26	26	26
23.75	28	28	28	27	27	27	27	26	26	26
24.00	28	28	28	28	27	27	27	27	27	26
24.25	29	29	28	28	28	28	27	27	27	27
24.50	29	29	29	29	28	28	28	28	27	27
24.75	30	29	29	29	29	28	28	28	28	28
25.00	30	30	30	29	29	29	29	28	28	28
25.25	30	30	30	30	29	29	29	29	29	28
25.50	31	31	30	30	30	30	29	29	29	29
25.75	31	31	31	30	30	30	30	29	29	29
26.00	32	31	31	31	31	30	30	30	30	29
26.25	32	32	31	31	31	31	30	30	30	30
26.50	32	32	32	32	31	31	31	31	30	30
26.75	33	32	32	32	32	31	31	31	31	31
27.00	33	33	32	32	32	32	32	31	31	31
27.25	33	33	33	33	32	32	32	32	31	31
27.50	34	33	33	33	33	33	32	32	32	32
27.75	34	34	34	33	33	33	33	32	32	32
28.00	34	34	34	34	33	33	33	33	33	32
28.25	35	35	34	34	34	34	33	33	33	33
28.50	35	35	35	34	34	34	34	33	33	33
28.75	35	35	35	35	34	34	34	34	34	33
29.00	36	36	35	35	35	35	34	34	34	34
29.25	36	36	36	35	35	35	35	34	34	34
29.50	36	36	36	36	35	35	35	35	35	34
29.75	37	37	36	36	36	36	35	35	35	35
30.00	37	37	37	36	36	36	36	35	35	35
30.25	37	37	37	37	36	36	36	36	36	35
30.50	38	38	37	37	37	37	36	36	36	36
30.75	38	38	38	37	37	37	37	36	36	36
31.00	38	38	38	38	37	37	37	37	37	36
31.25	39	39	38	38	38	38	37	37	37	37
31.50	39	39	39	38	38	38	38	37	37	37
31.75	39	39	39	39	38	38	38	38	37	37
32.00	40	39	39	39	39	38	38	38	38	38
32.25	40	40	40	40	39	39	39	38	38	38
32.50	40	40	40	40	39	39	39	39	38	38
32.75	41	40	40	40	40	39	39	39	39	38
33.00	41	41	40	40	40	40	39	39	39	39
33.25	41	41	41	41	40	40	40	40	39	39

33.50	42	41	41	41	41	40	40	40	40	39
33.75	42	42	41	41	41	41	40	40	40	40
34.00	42	42	42	41	41	41	41	40	40	40
34.25	42	42	42	42	41	41	41	41	40	40
34.50	43	42	42	42	42	42	41	41	41	41
34.75	43	43	43	42	42	42	42	41	41	41
35.00	43	43	43	43	42	42	42	42	41	41
35.25	44	43	43	43	43	42	42	42	42	41

Table A20.3. Body Fat Percent Tables (Male) Continued.

CIRCUM	HEIGHT (INCHES)									
VALUE	70	70.5	71	71.5	72	72.5	73	73.5	74	74.5
11.00	0	0	0	0	0	0	0	0	0	0
11.25	0	0	0	0	0	0	0	0	0	0
11.50	0	0	0	0	0	0	0	0	0	0
11.75	0	0	0	0	0	0	0	0	0	0
12.00	1	1	0	0	0	0	0	0	0	0
12.25	2	2	2	1	1	0	0	0	0	0
12.50	3	2	2	2	2	2	1	1	1	0
12.75	3	3	3	3	3	2	2	2	2	2
13.00	4	4	4	3	3	3	3	3	2	2
13.25	5	4	4	4	4	4	3	3	3	3
13.50	5	5	5	5	4	4	4	4	4	4
13.75	6	6	5	5	5	5	5	5	4	4
14.00	7	6	6	6	6	6	5	5	5	5
14.25	7	7	7	7	6	6	6	6	6	5
14.50	8	8	7	7	7	7	7	6	6	6
14.75	8	8	8	8	8	7	7	7	7	7
15.00	9	9	9	8	8	8	8	8	7	7
15.25	10	9	9	9	9	9	8	8	8	8
15.50	10	10	10	9	9	9	9	9	9	8
15.75	11	10	10	10	10	10	9	9	9	9
16.00	11	11	11	11	10	10	10	10	10	9
16.25	12	12	11	11	11	11	11	10	10	10
16.50	12	12	12	12	12	11	11	11	11	11
16.75	13	13	12	12	12	12	12	11	11	11
17.00	13	13	13	13	13	12	12	12	12	12
17.25	14	14	14	13	13	13	13	13	12	12
17.50	14	14	14	14	14	13	13	13	13	13

17.75	15	15	15	14	14	14	14	14	13	13
18.00	15	15	15	15	15	14	14	14	14	14
18.25	16	16	16	15	15	15	15	15	14	14
18.50	16	16	16	16	16	15	15	15	15	15
18.75	17	17	17	16	16	16	16	16	15	15
19.00	17	17	17	17	17	16	16	16	16	16
19.25	18	18	17	17	17	17	17	16	16	16
19.50	48	18	18	18	18	17	17	17	17	17
19.75	19	19	18	18	18	18	18	17	17	17
20.00	19	19	19	19	18	18	18	18	18	17
20.25	20	20	19	19	19	19	19	18	18	18
20.50	20	20	20	20	19	19	19	19	19	18
20.75	21	20	20	20	20	20	19	19	19	19
21.00	21	21	21	20	20	20	20	20	19	19
21.25	22	21	21	21	21	21	20	20	20	20
21.50	22	22	22	21	21	21	21	21	20	20
21.75	22	22	22	22	22	21	21	21	21	21
22.00	23	23	22	22	22	22	22	21	21	21
22.25	23	23	23	23	22	22	22	22	22	21
22.50	24	23	23	23	23	23	22	22	22	22
22.75	24	24	24	23	23	23	23	23	22	22
23.00	25	24	24	24	24	23	23	23	23	23
23.25	25	25	25	24	24	24	24	23	23	23
23.50	25	25	25	25	24	24	24	24	24	23
23.75	26	26	25	25	25	25	24	24	24	24
24.00	26	26	26	25	25	25	25	25	24	24
24.25	27	26	26	26	26	25	25	25	25	25
24.50	27	27	26	26	26	26	26	25	25	25
24.75	27	27	27	27	26	26	26	26	26	25
25.00	28	27	27	27	27	27	26	26	26	26
25.25	28	28	28	27	27	27	27	27	26	26
25.50	28	28	28	28	28	27	27	27	27	27
25.75	29	29	28	28	28	28	28	27	27	27
26.00	29	29	29	29	28	28	28	28	27	27
26.25	30	29	29	29	29	28	28	28	28	28
26.50	30	30	29	29	29	29	29	28	28	28
26.75	30	30	30	30	29	29	29	29	29	28
27.00	31	30	30	30	30	30	29	29	29	29
27.25	31	31	31	30	30	30	30	29	29	29
27.50	31	31	31	31	30	30	30	30	30	29

27.75	32	31	31	31	31	31	30	30	30	30
28.00	32	32	32	31	31	31	31	31	30	30
28.25	32	32	32	32	32	31	31	31	31	30
28.50	33	33	32	32	32	32	31	31	31	31
28.75	33	33	33	32	32	32	32	32	31	31
29.00	33	33	33	33	33	32	32	32	32	31
29.25	34	34	33	33	33	33	32	32	32	32
29.50	34	34	34	33	33	33	33	33	32	32
29.75	34	34	34	34	34	33	33	33	33	32
30.00	35	35	34	34	34	34	33	33	33	33
30.25	35	35	35	34	34	34	34	34	33	33
30.50	35	35	35	35	35	34	34	34	34	33
30.75	36	36	35	35	35	35	34	34	34	34
31.00	36	36	36	35	35	35	35	34	34	34
31.25	36	36	36	36	35	35	35	35	35	34
31.50	37	36	36	36	36	36	35	35	35	35
31.75	37	37	37	36	36	36	36	35	35	35
32.00	37	37	37	37	36	36	36	36	36	35
32.25	38	37	37	37	37	36	36	36	36	36
32.50	38	38	37	37	37	37	37	36	36	36
32.75	38	38	38	38	37	37	37	37	36	36
33.00	39	38	38	38	38	37	37	37	37	37
33.25	39	39	38	38	38	38	37	37	37	37
33.50	39	39	39	38	38	38	38	38	37	37
33.75	39	39	39	39	39	38	38	38	38	37
34.00	40	39	39	39	39	39	38	38	38	38
34.25	40	40	40	39	39	39	39	38	38	38
34.50	40	40	40	40	39	39	39	39	39	38
34.75	41	40	40	40	40	39	39	39	39	39
35.00	41	41	40	40	40	40	40	39	39	39
35.25	41	41	41	40	40	40	40	40	39	39

Attachment 21

BODY FAT PERCENT TABLES

Table A21.1. Body Fat Percent Tables (Female).

CIRCUM	HEIGHT (INCHES)									
VALUE	58	58.5	59	59.5	60	60.5	61	61.5	62	62.5
34.50	0	0	0	0	0	0	0	0	0	0
34.75	1	0	0	0	0	0	0	0	0	0
35.00	2	1	0	0	0	0	0	0	0	0
35.25	2	2	1	1	0	0	0	0	0	0
35.50	3	2	2	2	1	0	0	0	0	0
35.75	3	3	2	2	2	1	0	0	0	0
36.00	4	3	3	3	2	2	1	1	0	0
36.25	4	4	3	3	3	2	2	2	1	0
36.50	5	4	4	4	3	3	2	2	2	1
36.75	5	5	4	4	4	3	3	3	2	2
37.00	6	5	5	4	4	4	3	3	3	2
37.25	6	6	5	5	5	4	4	3	3	3
37.50	7	6	6	5	5	5	4	4	4	3
37.75	7	7	6	6	6	5	5	4	4	4
38.00	7	7	7	6	6	6	5	5	5	4
38.25	8	8	7	7	6	6	6	5	5	5
38.50	8	8	8	7	7	7	6	6	5	5
38.75	9	8	8	8	7	7	7	6	6	6
39.00	9	9	9	8	8	7	7	7	6	6
39.25	10	9	9	9	8	8	8	7	7	6
39.50	10	10	9	9	9	8	8	8	7	7
39.75	11	10	10	9	9	9	8	8	8	7
40.00	11	11	10	10	10	9	9	8	8	8
40.25	11	11	11	10	10	10	9	9	9	8
40.50	12	12	11	11	10	10	10	9	9	9
40.75	12	12	12	11	11	11	10	10	9	9
41.00	13	12	12	12	11	11	11	10	10	10
41.25	13	13	12	12	12	11	11	11	10	10
41.50	14	13	13	13	12	12	11	11	11	10
41.75	14	14	13	13	13	12	12	11	11	11
42.00	14	14	14	13	13	13	12	12	12	11
42.25	15	15	14	14	13	13	13	12	12	12
42.50	15	15	15	14	14	13	13	13	12	12

42.75	16	15	15	15	14	14	13	13	13	12
43.00	16	16	15	15	15	14	14	14	13	13
43.25	17	16	16	15	15	15	14	14	14	13
43.50	17	17	16	16	15	15	15	14	14	14
43.75	17	17	17	16	16	15	15	15	14	14
44.00	18	17	17	17	16	16	16	15	15	14
44.25	18	18	17	17	17	16	16	16	15	15
44.50	19	18	18	17	17	17	16	16	16	15
44.75	19	19	18	18	17	17	17	16	16	16
45.00	19	19	19	18	18	17	17	17	16	16
45.25	20	19	19	19	18	18	17	17	17	16
45.50	20	20	19	19	19	18	18	18	17	17
45.75	20	20	20	19	19	19	18	18	18	17
46.00	21	20	20	20	19	19	19	18	18	18
46.25	21	21	20	20	20	19	19	19	18	18
46.50	22	21	21	20	20	20	19	19	19	18
46.75	22	22	21	21	20	20	20	19	19	19
47.00	22	22	22	21	21	20	20	20	19	19
47.25	23	22	22	22	21	21	21	20	20	19
47.50	23	23	22	22	22	21	21	21	20	20
47.75	23	23	23	22	22	22	21	21	21	20
48.00	24	23	23	23	22	22	22	21	21	21
48.25	24	24	23	23	23	22	22	22	21	21
48.50	25	24	24	23	23	23	22	22	22	21
48.75	25	25	24	24	23	23	23	22	22	22
49.00	25	25	25	24	24	23	23	23	22	22
49.25	26	25	25	25	24	24	23	23	23	22
49.50	26	26	25	25	24	24	24	23	23	23
49.75	26	26	26	25	25	24	24	24	23	23
50.00	27	26	26	26	25	25	24	24	24	23
50.25	27	27	26	26	26	25	25	24	24	24
50.50	27	27	27	26	26	26	25	25	24	24
50.75	28	27	27	27	26	26	26	25	25	24
51.00	28	28	27	27	27	26	26	25	25	25
51.25	28	28	28	27	27	27	26	26	25	25
51.50	29	28	28	28	27	27	27	26	26	25
51.75	29	29	28	28	28	27	27	27	26	26
52.00	29	29	29	28	28	28	27	27	27	26
52.25	30	29	29	29	28	28	28	27	27	26
52.50	30	30	29	29	29	28	28	28	27	27

52.75	30	30	30	29	29	29	28	28	28	27
53.00	31	30	30	30	29	29	29	28	28	27
53.25	31	31	30	30	30	29	29	29	28	28
53.50	31	31	31	30	30	30	29	29	28	28
53.75	32	31	31	31	30	30	30	29	29	28
54.00	32	32	31	31	31	30	30	30	29	29
54.25	32	32	32	31	31	31	30	30	29	29
54.50	33	32	32	32	31	31	31	30	30	29
54.75	33	33	32	32	32	31	31	30	30	30
55.00	33	33	33	32	32	32	31	31	30	30
55.25	34	33	33	33	32	32	31	31	31	30
55.50	34	34	33	33	33	32	32	31	31	31
55.75	34	34	34	33	33	32	32	32	31	31
56.00	35	34	34	33	33	33	32	32	32	31
56.25	35	35	34	34	33	33	33	32	32	32
56.50	35	35	34	34	34	33	33	33	32	32
56.75	36	35	35	34	34	34	33	33	33	32
57.00	36	35	35	35	34	34	34	33	33	33
57.25	36	36	35	35	35	34	34	34	33	33
57.50	36	36	36	35	35	35	34	34	34	33
57.75	37	36	36	36	35	35	35	34	34	33
58.00	37	37	36	36	36	35	35	35	34	34
58.25	37	37	37	36	36	36	35	35	34	34
58.50	38	37	37	37	36	36	35	35	35	34
58.75	38	38	37	37	36	36	36	35	35	35
59.00	38	38	38	37	37	36	36	36	35	35
59.25	39	38	38	37	37	37	36	36	36	35
59.50	39	38	38	38	37	37	37	36	36	36
59.75	39	39	38	38	38	37	37	37	36	36
60.00	39	39	39	38	38	38	37	37	37	36
60.25	40	39	39	39	38	38	38	37	37	36
60.50	40	40	39	39	39	38	38	37	37	37
60.75	40	40	40	39	39	38	38	38	37	37
61.00	41	40	40	39	39	39	38	38	38	37
61.25	41	41	40	40	39	39	39	38	38	38
61.50	41	41	40	40	40	39	39	39	38	38
61.75	41	41	41	40	40	40	39	39	39	38
62.00	42	41	41	41	40	40	40	39	39	38
62.25	42	42	41	41	41	40	40	39	39	39
62.50	42	42	42	41	41	40	40	40	39	39

62.75	43	42	42	41	41	41	40	40	40	39
63.00	43	42	42	42	41	41	41	40	40	40
63.25	43	43	42	42	42	41	41	41	40	40
63.50	43	43	43	42	42	42	41	41	40	40
63.75	44	43	43	43	42	42	41	41	41	40
64.00	44	44	43	43	42	42	42	41	41	41
64.25	44	44	43	43	43	42	42	42	41	41
64.50	45	44	44	43	43	43	42	42	42	41
64.75	45	44	44	44	43	43	43	42	42	42
65.00	45	45	44	44	44	43	43	42	42	42
65.25	45	45	45	44	44	43	43	43	42	42
65.50	46	45	45	44	44	44	43	43	43	42
65.75	46	45	45	45	44	44	44	43	43	43
66.00	46	46	45	45	45	44	44	44	43	43
66.25	46	46	46	45	45	45	44	44	43	43
66.50	47	46	46	46	45	45	44	44	44	43
66.75	47	47	46	46	45	45	45	44	44	44
67.00	47	47	46	46	46	45	45	45	44	44
67.25	47	47	47	46	46	46	45	45	45	44
67.50	48	47	47	47	46	46	45	45	45	44
67.75	48	48	47	47	46	46	46	45	45	45
68.00	48	48	47	47	47	46	46	46	45	45
68.25	48	48	48	47	47	47	46	46	46	45
68.50	49	48	48	48	47	47	47	46	46	45
68.75	49	49	48	48	47	47	47	46	46	46
69.00	49	49	48	48	48	47	47	47	46	46
69.25	49	49	49	48	48	48	47	47	47	46
69.50	50	49	49	49	48	48	48	47	47	46
69.75	50	50	49	49	49	48	48	47	47	47
70.00	50	50	49	49	49	48	48	48	47	47
70.25	50	50	50	49	49	49	48	48	48	47
70.50	51	50	50	50	49	49	49	48	48	47
70.75	51	51	50	50	50	49	49	48	48	48
71.00	51	51	50	50	50	49	49	49	48	48
71.25	51	51	51	50	50	50	49	49	49	48
71.50	52	51	51	51	50	50	50	49	49	48
71.75	52	52	51	51	50	50	50	49	49	49
72.00	52	52	51	51	51	50	50	50	49	49
72.25	52	52	52	51	51	51	50	50	50	49
72.50	53	52	52	52	51	51	50	50	50	49

72.75	53	53	52	52	51	51	51	50	50	50
73.00	53	53	52	52	52	51	51	51	50	50
73.25	53	53	53	52	52	52	51	51	51	50
73.50	54	53	53	53	52	52	51	51	51	50
73.75	54	54	53	53	52	52	52	51	51	51
74.00	54	54	53	53	53	52	52	52	51	51
74.25	54	54	54	53	53	53	52	52	51	51
74.50	55	54	54	53	53	53	52	52	52	51
74.75	55	54	54	54	53	53	53	52	52	52
75.00	55	55	54	54	54	53	53	53	52	52
75.25	55	55	55	54	54	53	53	53	52	52
75.50	56	55	55	54	54	54	53	53	53	52
75.75	56	55	55	55	54	54	54	53	53	53

Table A21.2. Body Fat Percent Tables (Female) Continued.

CIRCUM	HEIGHT (INCHES)									
VALUE	63	63.5	64	64.5	65	65.5	66	66.5	67	67.5
34.50	0	0	0	0	0	0	0	0	0	0
34.75	0	0	0	0	0	0	0	0	0	0
35.00	0	0	0	0	0	0	0	0	0	0
35.25	0	0	0	0	0	0	0	0	0	0
35.50	0	0	0	0	0	0	0	0	0	0
35.75	0	0	0	0	0	0	0	0	0	0
36.00	0	0	0	0	0	0	0	0	0	0
36.25	0	0	0	0	0	0	0	0	0	0
36.50	1	0	0	0	0	0	0	0	0	0
36.75	1	1	0	0	0	0	0	0	0	0
37.00	2	2	1	0	0	0	0	0	0	0
37.25	2	2	2	1	1	0	0	0	0	0
37.50	3	3	2	2	2	1	0	0	0	0
37.75	3	3	3	2	2	2	1	1	0	0
38.00	4	3	3	3	2	2	2	1	1	0
38.25	4	4	4	3	3	3	2	2	2	1
38.50	5	4	4	4	3	3	3	2	2	2
38.75	5	5	5	4	4	3	3	3	3	2
39.00	6	5	5	5	4	4	4	3	3	3
39.25	6	6	5	5	5	4	4	4	3	3
39.50	7	6	6	6	5	5	5	4	4	4
39.75	7	7	6	6	6	5	5	5	4	4

40.00	7	7	7	6	6	6	5	5	5	4
40.25	8	8	7	7	6	6	6	5	5	5
40.50	8	8	8	7	7	7	6	6	6	5
40.75	9	8	8	8	7	7	7	6	6	6
41.00	9	9	8	8	8	7	7	7	6	6
41.25	10	9	9	9	8	8	8	7	7	7
41.50	10	10	9	9	9	8	8	8	7	7
41.75	10	10	10	9	9	9	8	8	8	7
42.00	11	10	10	10	9	9	9	8	8	8
42.25	11	11	11	10	10	10	9	9	9	8
42.50	12	11	11	11	10	10	10	9	9	9
42.75	12	12	11	11	11	10	10	10	9	9
43.00	12	12	12	11	11	11	10	10	10	9
43.25	13	13	12	12	12	11	11	11	10	10
43.50	13	13	13	12	12	12	11	11	11	10
43.75	14	13	13	13	12	12	12	11	11	11
44.00	14	14	13	13	13	12	12	12	11	11
44.25	14	14	14	13	13	13	12	12	12	11
44.50	15	15	14	14	14	13	13	13	12	12
44.75	15	15	15	14	14	14	13	13	13	12
45.00	16	15	15	15	14	14	14	13	13	13
45.25	16	16	15	15	15	14	14	14	13	13
45.50	16	16	16	15	15	15	14	14	14	13
45.75	17	16	16	16	15	15	15	14	14	14
46.00	17	17	17	16	16	16	15	15	15	14
46.25	18	17	17	17	16	16	16	15	15	15
46.50	18	18	17	17	17	16	16	16	15	15
46.75	18	18	18	17	17	17	16	16	16	15
47.00	19	18	18	18	17	17	17	16	16	16
47.25	19	19	18	18	18	17	17	17	16	16
47.50	19	19	19	18	18	18	17	17	17	16
47.75	20	19	19	19	18	18	18	17	17	17
48.00	20	20	20	19	19	18	18	18	18	17
48.25	21	20	20	20	19	19	19	18	18	18
48.50	21	21	20	20	20	19	19	19	18	18
48.75	21	21	21	20	20	20	19	19	19	18
49.00	22	21	21	21	20	20	20	19	19	19
49.25	22	22	21	21	21	20	20	20	19	19
49.50	22	22	22	21	21	21	20	20	20	19
49.75	23	22	22	22	21	21	21	20	20	20

50.00	23	23	22	22	22	21	21	21	20	20
50.25	23	23	23	22	22	22	21	21	21	20
50.50	24	23	23	23	22	22	22	21	21	21
50.75	24	24	23	23	23	22	22	22	21	21
51.00	24	24	24	23	23	23	22	22	22	21
51.25	25	24	24	24	23	23	23	22	22	22
51.50	25	25	24	24	24	23	23	23	22	22
51.75	25	25	25	24	24	24	23	23	23	22
52.00	26	25	25	25	24	24	24	23	23	23
52.25	26	26	25	25	25	24	24	24	23	23
52.50	26	26	26	25	25	25	24	24	24	23
52.75	27	26	26	26	25	25	25	24	24	24
53.00	27	27	26	26	26	25	25	25	24	24
53.25	27	27	27	26	26	26	25	25	25	24
53.50	28	27	27	27	26	26	26	25	25	25
53.75	28	28	27	27	27	26	26	26	25	25
54.00	28	28	28	27	27	27	26	26	26	25
54.25	29	28	28	28	27	27	27	26	26	26
54.50	29	29	28	28	28	27	27	27	26	26
54.75	29	29	29	28	28	28	27	27	27	26
55.00	30	29	29	29	28	28	28	27	27	27
55.25	30	30	29	29	29	28	28	28	27	27
55.50	30	30	30	29	29	29	28	28	28	27
55.75	31	30	30	30	29	29	29	28	28	28
56.00	31	31	30	30	30	29	29	29	28	28
56.25	31	31	31	30	30	30	29	29	29	28
56.50	32	31	31	31	30	30	30	29	29	29
56.75	32	32	31	31	31	30	30	30	29	29
57.00	32	32	32	31	31	31	30	30	30	29
57.25	33	32	32	32	31	31	31	30	30	30
57.50	33	32	32	32	31	31	31	30	30	30
57.75	33	33	32	32	32	31	31	31	30	30
58.00	33	33	33	32	32	32	31	31	31	30
58.25	34	33	33	33	32	32	32	31	31	31
58.50	34	34	33	33	33	32	32	32	31	31
58.75	34	34	34	33	33	33	32	32	32	31
59.00	35	34	34	34	33	33	33	32	32	32
59.25	35	35	34	34	34	33	33	33	32	32
59.50	35	35	35	34	34	34	33	33	33	32
59.75	36	35	35	35	34	34	33	33	33	33

60.00	36	35	35	35	34	34	34	33	33	33
60.25	36	36	35	35	35	34	34	34	33	33
60.50	36	36	36	35	35	35	34	34	34	33
60.75	37	36	36	36	35	35	35	34	34	34
61.00	37	37	36	36	36	35	35	35	34	34
61.25	37	37	37	36	36	36	35	35	35	34
61.50	38	37	37	37	36	36	36	35	35	35
61.75	38	37	37	37	36	36	36	35	35	35
62.00	38	38	37	37	37	36	36	36	35	35
62.25	38	38	38	37	37	37	36	36	36	35
62.50	39	38	38	38	37	37	37	36	36	36
62.75	39	39	38	38	38	37	37	37	36	36
63.00	39	39	39	38	38	38	37	37	37	36
63.25	40	39	39	38	38	38	37	37	37	37
63.50	40	39	39	39	38	38	38	37	37	37
63.75	40	40	39	39	39	38	38	38	37	37
64.00	40	40	40	39	39	39	38	38	38	37
64.25	41	40	40	40	39	39	39	38	38	38
64.50	41	41	40	40	40	39	39	39	38	38
64.75	41	41	40	40	40	39	39	39	38	38
65.00	41	41	41	40	40	40	39	39	39	38
65.25	42	41	41	41	40	40	40	39	39	39
65.50	42	42	41	41	41	40	40	40	39	39
65.75	42	42	42	41	41	41	40	40	40	39
66.00	43	42	42	41	41	41	40	40	40	39
66.25	43	42	42	42	41	41	41	40	40	40
66.50	43	43	42	42	42	41	41	41	40	40
66.75	43	43	43	42	42	42	41	41	41	40
67.00	44	43	43	43	42	42	42	41	41	41
67.25	44	43	43	43	42	42	42	41	41	41
67.50	44	44	43	43	43	42	42	42	41	41
67.75	44	44	44	43	43	43	42	42	42	41
68.00	45	44	44	44	43	43	43	42	42	42
68.25	45	45	44	44	43	43	43	42	42	42
68.50	45	45	44	44	44	43	43	43	42	42
68.75	45	45	45	44	44	44	43	43	43	42
69.00	46	45	45	45	44	44	44	43	43	43
69.25	46	46	45	45	44	44	44	44	43	43
69.50	46	46	45	45	45	44	44	44	43	43
69.75	46	46	46	45	45	45	44	44	44	43

70.00	**47**	**46**	**46**	**46**	**45**	**45**	**45**	**44**	**44**	**44**
70.25	**47**	**47**	**46**	**46**	**46**	**45**	**45**	**45**	**44**	**44**
70.50	**47**	**47**	**46**	**46**	**46**	**45**	**45**	**45**	**44**	**44**
70.75	**47**	**47**	**47**	**46**	**46**	**46**	**45**	**45**	**45**	**44**
71.00	**48**	**47**	**47**	**47**	**46**	**46**	**46**	**45**	**45**	**45**
71.25	**48**	**48**	**47**	**47**	**46**	**46**	**46**	**45**	**45**	**45**
71.50	**48**	**48**	**47**	**47**	**47**	**46**	**46**	**46**	**45**	**45**
71.75	**48**	**48**	**48**	**47**	**47**	**47**	**46**	**46**	**46**	**45**
72.00	**49**	**48**	**48**	**48**	**47**	**47**	**47**	**46**	**46**	**46**
72.25	**49**	**48**	**48**	**48**	**47**	**47**	**47**	**46**	**46**	**46**
72.50	**49**	**49**	**48**	**48**	**48**	**47**	**47**	**47**	**46**	**46**
72.75	**49**	**49**	**49**	**48**	**48**	**48**	**47**	**47**	**47**	**46**
73.00	**50**	**49**	**49**	**49**	**48**	**48**	**48**	**47**	**47**	**47**
73.25	**50**	**49**	**49**	**49**	**48**	**48**	**48**	**47**	**47**	**47**
73.50	**50**	**50**	**49**	**49**	**49**	**48**	**48**	**48**	**47**	**47**
73.75	**50**	**50**	**50**	**49**	**49**	**49**	**48**	**48**	**48**	**47**
74.00	**51**	**50**	**50**	**49**	**49**	**49**	**48**	**48**	**48**	**47**
74.25	**51**	**50**	**50**	**50**	**49**	**49**	**49**	**48**	**48**	**48**
74.50	**51**	**51**	**50**	**50**	**50**	**49**	**49**	**49**	**48**	**48**
74.75	**51**	**51**	**51**	**50**	**50**	**50**	**49**	**49**	**49**	**48**
75.00	**51**	**51**	**51**	**50**	**50**	**50**	**49**	**49**	**49**	**48**
75.25	**52**	**51**	**51**	**51**	**50**	**50**	**50**	**49**	**49**	**49**
75.50	**52**	**52**	**51**	**51**	**51**	**50**	**50**	**50**	**49**	**49**
75.75	**52**	**52**	**51**	**51**	**51**	**50**	**50**	**50**	**49**	**49**

Table A21.3. Body Fat Percent Tables (Female) Continued.

CIRCUM	**HEIGHT (INCHES)**									
VALUE	**68**	**68.5**	**69**	**69.5**	**70**	**70.5**	**71**	**71.5**	**72**	**72.5**
34.50	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
34.75	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
35.00	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
35.25	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
35.50	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
35.75	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
36.00	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
36.25	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
36.50	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
36.75	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
37.00	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**

37.25	0	0	0	0	0	0	0	0	0	0
37.50	0	0	0	0	0	0	0	0	0	0
37.75	0	0	0	0	0	0	0	0	0	0
38.00	0	0	0	0	0	0	0	0	0	0
38.25	0	0	0	0	0	0	0	0	0	0
38.50	1	1	0	0	0	0	0	0	0	0
38.75	2	2	1	0	0	0	0	0	0	0
39.00	2	2	2	1	1	0	0	0	0	0
39.25	3	2	2	2	1	1	0	0	0	0
39.50	3	3	3	2	2	2	1	1	0	0
39.75	4	3	3	3	2	2	2	1	1	0
40.00	4	4	3	3	3	3	2	2	2	1
40.25	5	4	4	4	3	3	3	2	2	1
40.50	5	5	4	4	4	3	3	3	2	2
40.75	5	5	5	4	4	4	3	3	3	3
41.00	6	5	5	5	5	4	4	4	3	3
41.25	6	6	6	5	5	5	4	4	4	3
41.50	7	6	6	6	5	5	5	4	4	4
41.75	7	7	6	6	6	6	5	5	5	4
42.00	8	7	7	7	6	6	6	5	5	5
42.25	8	8	7	7	7	6	6	6	5	5
42.50	8	8	8	7	7	7	6	6	6	6
42.75	9	8	8	8	7	7	7	7	6	6
43.00	9	9	9	8	8	8	7	7	7	6
43.25	10	9	9	9	8	8	8	7	7	7
43.50	10	10	9	9	9	8	8	8	7	7
43.75	10	10	10	9	9	9	8	8	8	8
44.00	11	10	10	10	9	9	9	9	8	8
44.25	11	11	11	10	10	10	9	9	9	8
44.50	12	11	11	11	10	10	10	9	9	9
44.75	12	12	11	11	11	10	10	10	9	9
45.00	12	12	12	11	11	11	10	10	10	10
45.25	13	12	12	12	11	11	11	11	10	10
45.50	13	13	12	12	12	12	11	11	11	10
45.75	13	13	13	13	12	12	12	11	11	11
46.00	14	14	13	13	13	12	12	12	11	11
46.25	14	14	14	13	13	13	12	12	12	11
46.50	15	14	14	14	13	13	13	12	12	12
46.75	15	15	14	14	14	13	13	13	13	12
47.00	15	15	15	14	14	14	13	13	13	13

47.25	16	15	15	15	14	14	14	14	13	13
47.50	16	16	15	15	15	15	14	14	14	13
47.75	16	16	16	16	15	15	15	14	14	14
48.00	17	17	16	16	16	15	15	15	14	14
48.25	17	17	17	16	16	16	15	15	15	14
48.50	18	17	17	17	16	16	16	15	15	15
48.75	18	18	17	17	17	16	16	16	15	15
49.00	18	18	18	17	17	17	16	16	16	15
49.25	19	18	18	18	17	17	17	16	16	16
49.50	19	19	18	18	18	17	17	17	17	16
49.75	19	19	19	18	18	18	17	17	17	17
50.00	20	19	19	19	18	18	18	18	17	17
50.25	20	20	19	19	19	18	18	18	18	17
50.50	20	20	20	19	19	19	19	18	18	18
50.75	21	20	20	20	19	19	19	19	18	18
51.00	21	21	20	20	20	20	19	19	19	18
51.25	21	21	21	20	20	20	20	19	19	19
51.50	22	21	21	21	21	20	20	20	19	19
51.75	22	22	21	21	21	21	20	20	20	19
52.00	22	22	22	22	21	21	21	20	20	20
52.25	23	22	22	22	22	21	21	21	20	20
52.50	23	23	22	22	22	22	21	21	21	20
52.75	23	23	23	23	22	22	22	21	21	21
53.00	24	23	23	23	23	22	22	22	21	21
53.25	24	24	23	23	23	23	22	22	22	21
53.50	24	24	24	23	23	23	23	22	22	22
53.75	25	24	24	24	24	23	23	23	22	22
54.00	25	25	24	24	24	24	23	23	23	22
54.25	25	25	25	24	24	24	24	23	23	23
54.50	26	25	25	25	24	24	24	24	23	23
54.75	26	26	25	25	25	24	24	24	24	23
55.00	26	26	26	25	25	25	24	24	24	24
55.25	27	26	26	26	25	25	25	25	24	24
55.50	27	27	26	26	26	25	25	25	25	24
55.75	27	27	27	26	26	26	25	25	25	25
56.00	28	27	27	27	26	26	26	25	25	25
56.25	28	28	27	27	27	26	26	26	25	25
56.50	28	28	28	27	27	27	26	26	26	25
56.75	29	28	28	28	27	27	27	26	26	26
57.00	29	29	28	28	28	27	27	27	26	26

57.25	29	29	29	28	28	28	27	27	27	26
57.50	30	29	29	29	28	28	28	27	27	27
57.75	30	29	29	29	29	28	28	28	27	27
58.00	30	30	29	29	29	29	28	28	28	27
58.25	30	30	30	29	29	29	29	28	28	28
58.50	31	30	30	30	29	29	29	29	28	28
58.75	31	31	30	30	30	29	29	29	29	28
59.00	31	31	31	30	30	30	29	29	29	28
59.25	32	31	31	31	30	30	30	29	29	29
59.50	32	32	31	31	31	30	30	30	29	29
59.75	32	32	32	31	31	31	30	30	30	29
60.00	32	32	32	32	31	31	31	30	30	30
60.25	33	32	32	32	32	31	31	31	30	30
60.50	33	33	32	32	32	31	31	31	31	30
60.75	33	33	33	32	32	32	31	31	31	31
61.00	34	33	33	33	32	32	32	31	31	31
61.25	34	34	33	33	33	32	32	32	31	31
61.50	34	34	34	33	33	33	32	32	32	31
61.75	34	34	34	34	33	33	33	32	32	32
62.00	35	34	34	34	34	33	33	33	32	32
62.25	35	35	34	34	34	33	33	33	33	32
62.50	35	35	35	34	34	34	33	33	33	33
62.75	36	35	35	35	34	34	34	33	33	33
63.00	36	36	35	35	35	34	34	34	33	33
63.25	36	36	36	35	35	35	34	34	34	33
63.50	36	36	36	35	35	35	35	34	34	34
63.75	37	36	36	36	35	35	35	35	34	34
64.00	37	37	36	36	36	35	35	35	35	34
64.25	37	37	37	36	36	36	35	35	35	34
64.50	38	37	37	37	36	36	36	35	35	35
64.75	38	37	37	37	37	36	36	36	35	35
65.00	38	38	37	37	37	37	36	36	36	35
65.25	38	38	38	37	37	37	36	36	36	36
65.50	39	38	38	38	37	37	37	36	36	36
65.75	39	39	38	38	38	37	37	37	36	36
66.00	39	39	39	38	38	38	37	37	37	36
66.25	39	39	39	38	38	38	38	37	37	37
66.50	40	39	39	39	38	38	38	37	37	37
66.75	40	40	39	39	39	38	38	38	37	37
67.00	40	40	40	39	39	39	38	38	38	37

67.25	40	40	40	40	39	39	39	38	38	38
67.50	41	40	40	40	39	39	39	39	38	38
67.75	41	41	40	40	40	39	39	39	38	38
68.00	41	41	41	40	40	40	39	39	39	38
68.25	42	41	41	41	40	40	40	39	39	39
68.50	42	41	41	41	40	40	40	40	39	39
68.75	42	42	41	41	41	40	40	40	40	39
69.00	42	42	42	41	41	41	40	40	40	39
69.25	43	42	42	42	41	41	41	40	40	40
69.50	43	42	42	42	42	41	41	41	40	40
69.75	43	43	42	42	42	41	41	41	41	40
70.00	43	43	43	42	42	42	41	41	41	40
70.25	44	43	43	43	42	42	42	41	41	41
70.50	44	43	43	43	43	42	42	42	41	41
70.75	44	44	43	43	43	42	42	42	42	41
71.00	44	44	44	43	43	43	42	42	42	41
71.25	45	44	44	44	43	43	43	42	42	42
71.50	45	44	44	44	43	43	43	43	42	42
71.75	45	45	44	44	44	43	43	43	43	42
72.00	45	45	45	44	44	44	43	43	43	42
72.25	45	45	45	45	44	44	44	43	43	43
72.50	46	45	45	45	44	44	44	44	43	43
72.75	46	46	45	45	45	44	44	44	43	43
73.00	46	46	46	45	45	45	44	44	44	43
73.25	46	46	46	46	45	45	45	44	44	44
73.50	47	46	46	46	45	45	45	44	44	44
73.75	47	47	46	46	46	45	45	45	44	44
74.00	47	47	47	46	46	46	45	45	45	44
74.25	47	47	47	46	46	46	46	45	45	45
74.50	48	47	47	47	46	46	46	45	45	45
74.75	48	48	47	47	47	46	46	46	45	45
75.00	48	48	47	47	47	47	46	46	46	45
75.25	48	48	48	47	47	47	46	46	46	46
75.50	49	48	48	48	47	47	47	46	46	46
75.75	49	48	48	48	48	47	47	47	46	46

Table A21.4. Body Fat Percent Tables (Female) Continued.

CIRCUM	HEIGHT (INCHES)									
VALUE	73	73.5	74	74.5	75	75.5	76	76.5	77	77.5

34.50	0	0	0	0	0	0	0	0	0	0
34.75	0	0	0	0	0	0	0	0	0	0
35.00	0	0	0	0	0	0	0	0	0	0
35.25	0	0	0	0	0	0	0	0	0	0
35.50	0	0	0	0	0	0	0	0	0	0
35.75	0	0	0	0	0	0	0	0	0	0
36.00	0	0	0	0	0	0	0	0	0	0
36.25	0	0	0	0	0	0	0	0	0	0
36.50	0	0	0	0	0	0	0	0	0	0
36.75	0	0	0	0	0	0	0	0	0	0
37.00	0	0	0	0	0	0	0	0	0	0
37.25	0	0	0	0	0	0	0	0	0	0
37.50	0	0	0	0	0	0	0	0	0	0
37.75	0	0	0	0	0	0	0	0	0	0
38.00	0	0	0	0	0	0	0	0	0	0
38.25	0	0	0	0	0	0	0	0	0	0
38.50	0	0	0	0	0	0	0	0	0	0
38.75	0	0	0	0	0	0	0	0	0	0
39.00	0	0	0	0	0	0	0	0	0	0
39.25	0	0	0	0	0	0	0	0	0	0
39.50	0	0	0	0	0	0	0	0	0	0
39.75	0	0	0	0	0	0	0	0	0	0
40.00	0	0	0	0	0	0	0	0	0	0
40.25	1	1	0	0	0	0	0	0	0	0
40.50	2	2	1	0	0	0	0	0	0	0
40.75	2	2	2	1	1	0	0	0	0	0
41.00	3	2	2	2	2	1	0	0	0	0
41.25	3	3	3	2	2	2	1	1	0	0
41.50	4	3	3	3	2	2	2	2	1	0
41.75	4	4	3	3	3	3	2	2	2	1
42.00	4	4	4	4	3	3	3	2	2	2
42.25	5	5	4	4	4	3	3	3	2	2
42.50	5	5	5	4	4	4	3	3	3	3
42.75	6	5	5	5	4	4	4	4	3	3
43.00	6	6	5	5	5	5	4	4	4	3
43.25	6	6	6	6	5	5	5	4	4	4
43.50	7	7	6	6	6	5	5	5	5	4
43.75	7	7	7	6	6	6	5	5	5	5
44.00	8	7	7	7	6	6	6	6	5	5
44.25	8	8	7	7	7	7	6	6	6	5

44.50	8	8	8	8	7	7	7	6	6	6
44.75	9	9	8	8	8	7	7	7	7	6
45.00	9	9	9	8	8	8	7	7	7	7
45.25	10	9	9	9	8	8	8	8	7	7
45.50	10	10	9	9	9	9	8	8	8	7
45.75	10	10	10	9	9	9	9	8	8	8
46.00	11	10	10	10	10	9	9	9	8	8
46.25	11	11	11	10	10	10	9	9	9	9
46.50	12	11	11	11	10	10	10	9	9	9
46.75	12	12	11	11	11	10	10	10	10	9
47.00	12	12	12	11	11	11	11	10	10	10
47.25	13	12	12	12	11	11	11	11	10	10
47.50	13	13	12	12	12	12	11	11	11	10
47.75	13	13	13	12	12	12	12	11	11	11
48.00	14	13	13	13	13	12	12	12	11	11
48.25	14	14	14	13	13	13	12	12	12	11
48.50	14	14	14	14	13	13	13	12	12	12
48.75	15	15	14	14	14	13	13	13	12	12
49.00	15	15	15	14	14	14	13	13	13	13
49.25	16	15	15	15	14	14	14	13	13	13
49.50	16	16	15	15	15	14	14	14	14	13
49.75	16	16	16	15	15	15	14	14	14	14
50.00	17	16	16	16	15	15	15	15	14	14
50.25	17	17	16	16	16	15	15	15	15	14
50.50	17	17	17	16	16	16	16	15	15	15
50.75	18	17	17	17	16	16	16	16	15	15
51.00	18	18	17	17	17	17	16	16	16	15
51.25	18	18	18	17	17	17	17	16	16	16
51.50	19	18	18	18	17	17	17	17	16	16
51.75	19	19	18	18	18	18	17	17	17	16
52.00	19	19	19	18	18	18	18	17	17	17
52.25	20	19	19	19	19	18	18	18	17	17
52.50	20	20	19	19	19	19	18	18	18	17
52.75	20	20	20	19	19	19	19	18	18	18
53.00	21	20	20	20	20	19	19	19	18	18
53.25	21	21	20	20	20	20	19	19	19	18
53.50	21	21	21	20	20	20	20	19	19	19
53.75	22	21	21	21	20	20	20	20	19	19
54.00	22	22	21	21	21	21	20	20	20	19
54.25	22	22	22	21	21	21	21	20	20	20

54.50	23	22	22	22	21	21	21	21	20	20
54.75	23	23	22	22	22	21	21	21	21	20
55.00	23	23	23	22	22	22	22	21	21	21
55.25	24	23	23	23	22	22	22	22	21	21
55.50	24	24	23	23	23	22	22	22	22	21
55.75	24	24	24	23	23	23	22	22	22	22
56.00	25	24	24	24	23	23	23	22	22	22
56.25	25	25	24	24	24	23	23	23	23	22
56.50	25	25	25	24	24	24	23	23	23	23
56.75	25	25	25	25	24	24	24	23	23	23
57.00	26	25	25	25	25	24	24	24	23	23
57.25	26	26	25	25	25	25	24	24	24	23
57.50	26	26	26	26	25	25	25	24	24	24
57.75	27	26	26	26	26	25	25	25	24	24
58.00	27	27	26	26	26	26	25	25	25	24
58.25	27	27	27	26	26	26	26	25	25	25
58.50	28	27	27	27	26	26	26	26	25	25
58.75	28	28	27	27	27	26	26	26	26	25
59.00	28	28	28	27	27	27	26	26	26	26
59.25	28	28	28	28	27	27	27	26	26	26
59.50	29	28	28	28	28	27	27	27	26	26
59.75	29	29	28	28	28	28	27	27	27	26
60.00	29	29	29	28	28	28	28	27	27	27
60.25	30	29	29	29	28	28	28	28	27	27
60.50	30	30	29	29	29	28	28	28	28	27
60.75	30	30	30	29	29	29	28	28	28	28
61.00	31	30	30	30	29	29	29	28	28	28
61.25	31	31	30	30	30	29	29	29	28	28
61.50	31	31	31	30	30	30	29	29	29	28
61.75	31	31	31	30	30	30	30	29	29	29
62.00	32	31	31	31	30	30	30	30	29	29
62.25	32	32	31	31	31	30	30	30	30	29
62.50	32	32	32	31	31	31	30	30	30	30
62.75	33	32	32	32	31	31	31	30	30	30
63.00	33	32	32	32	32	31	31	31	30	30
63.25	33	33	32	32	32	32	31	31	31	30
63.50	33	33	33	32	32	32	32	31	31	31
63.75	34	33	33	33	32	32	32	32	31	31
64.00	34	34	33	33	33	32	32	32	32	31
64.25	34	34	34	33	33	33	32	32	32	32

64.50	34	34	34	34	33	33	33	32	32	32
64.75	35	34	34	34	34	33	33	33	32	32
65.00	35	35	34	34	34	34	33	33	33	32
65.25	35	35	35	34	34	34	33	33	33	33
65.50	36	35	35	35	34	34	34	33	33	33
65.75	36	35	35	35	35	34	34	34	33	33
66.00	36	36	35	35	35	35	34	34	34	33
66.25	36	36	36	35	35	35	35	34	34	34
66.50	37	36	36	36	35	35	35	35	34	34
66.75	37	37	36	36	36	35	35	35	35	34
67.00	37	37	37	36	36	36	35	35	35	34
67.25	37	37	37	36	36	36	36	35	35	35
67.50	38	37	37	37	36	36	36	36	35	35
67.75	38	38	37	37	37	36	36	36	36	35
68.00	38	38	38	37	37	37	36	36	36	36
68.25	38	38	38	38	37	37	37	36	36	36
68.50	39	38	38	38	37	37	37	37	36	36
68.75	39	39	38	38	38	37	37	37	37	36
69.00	39	39	39	38	38	38	37	37	37	37
69.25	39	39	39	39	38	38	38	37	37	37
69.50	40	39	39	39	38	38	38	38	37	37
69.75	40	40	39	39	39	38	38	38	38	37
70.00	40	40	40	39	39	39	38	38	38	38
70.25	40	40	40	40	39	39	39	38	38	38
70.50	41	40	40	40	39	39	39	39	38	38
70.75	41	41	40	40	40	39	39	39	39	38
71.00	41	41	41	40	40	40	39	39	39	39
71.25	41	41	41	41	40	40	40	39	39	39
71.50	42	41	41	41	40	40	40	40	39	39
71.75	42	42	41	41	41	40	40	40	40	39
72.00	42	42	42	41	41	41	40	40	40	40
72.25	42	42	42	41	41	41	41	40	40	40
72.50	43	42	42	42	41	41	41	41	40	40
72.75	43	43	42	42	42	41	41	41	41	40
73.00	43	43	43	42	42	42	41	41	41	40
73.25	43	43	43	42	42	42	42	41	41	41
73.50	44	43	43	43	42	42	42	42	41	41
73.75	44	44	43	43	43	42	42	42	41	41
74.00	44	44	43	43	43	43	42	42	42	41
74.25	44	44	44	43	43	43	43	42	42	42

74.50	**45**	**44**	**44**	**44**	**43**	**43**	**43**	**42**	**42**	**42**
74.75	**45**	**44**	**44**	**44**	**44**	**43**	**43**	**43**	**42**	**42**
75.00	**45**	**45**	**44**	**44**	**44**	**44**	**43**	**43**	**43**	**42**
75.25	**45**	**45**	**45**	**44**	**44**	**44**	**43**	**43**	**43**	**43**
75.50	**45**	**45**	**45**	**45**	**44**	**44**	**44**	**43**	**43**	**43**
75.75	**46**	**45**	**45**	**45**	**45**	**44**	**44**	**44**	**43**	**43**

Attachment 22

BODY MASS INDEX OR BODY FAT ASSESSMENT EXCEPTION TO POLICY LETTER (TEMPLATE)

Date:

MEMORANDUM FOR AFPC/DPSIM

FROM: (Fitness Assessment Cell Manager)

SUBJECT: Body Mass Index (BMI) or Body Fat Assessment (BFA) Exception to Policy

1. The Airman listed below failed the abdominal circumference measurement during the body composition component of the fitness assessment, achieved a composite score of 75 out of the remaining 80 points, and passed either the BMI screen or BFA.

Date of Fitness Assessment:_____

Name:_____

Rank:_____Gender:_____

Full Social Security Number:_____

BMI:_____kg/m2

BFA:_____%

1.5 Mile Run Score:_____

Sit-ups:_____

Push-ups:_____

2. An exemption for the body composition component of the fitness assessment was entered into AFFMS.

(Fitness Assessment Cell Manager)

Attachment 23 (Added-433AW)

REQUIRED SOURCE DOCUMENTATION FOR EXEMPTIONS IN AFFMS

Table A23.1. Required Source Documentation for Exemptions in AFFMs.

NOTE: Memorandum or digitally signed e-mail shall state member's full name, SSN, no pay/no points or not participating, and reason why the member requires an exemption.