BY ORDER OF THE SECRETARY OF THE AIR FORCE

AIR FORCE INSTRUCTION 36-2905

21 OCTOBER 2013

Incorporating Change 1, 27 AUGUST 2015

ALTUS AIR FORCE BASE Supplement

12 AUGUST 2016

Personnel

FITNESS PROGRAM

COMPLIANCE WITH THIS PUBLICATION IS MANDATORY

ACCESSIBILITY: Publications and forms are available on the e-Publishing website at **www.e-publishing.af.mil** for downloading or ordering.

RELEASABILITY: There are no releasability restrictions on this publication.

OPR: AFPC/DPS — Certified by: AF/A1P (Brig Gen Gina Grosso)

Supersedes: AFI36-2905, 1 July 2010 — Pages: 149

(ALTUSAFBSUP)

OPR: 97 FSS/FSVS — Certified by: 97 FSS/CC (Major Dina Kampa)

Pages:2

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:///

(ALTUSAFBSUP) This supplement implements and extends the guidance of AFI 36-2905, *Fitness Program*. It applies to all Air Force units and members assigned to or tenants on Altus Air Force Base (AAFB). **NOTE**: 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 the AF Form 847 from the field through major command (MAJCOM) publications/forms managers. Ensure all records created as a result of processes prescribed in this publication are maintained in accordance with (IAW) Air Force Manual (AFMAN) 33-363, Management of Records, and disposed of IAW the Air Force Records Disposition Scheduled (RDS).

SUMMARY OF CHANGES

This interim change revises AFI 36-2905 to provide updates to program policies by (1) extending post-pregnancy Fitness Assessment (FA) requirement from 6 months to 12 months, (2) removing Exercise Physiologist (EP) positions, (3) authorizing Airmen on permanent medical exemptions to test annually, (4) making referral performance reports optional for FA failures upon close-out of EPR/OPR/TR, (5) making enlisted Airmen either not current or with a FA failure at Promotion Eligibility Cut-Off Date (PECD) ineligible for promotion, (6) adding mandatory and modified optional command actions for failed FA, (7) exempting Airmen with approved retirement/separation dates within 12 months of last FA, (8) officially recognizing FAs administered at commissioning sources, and (9) authoritizing local Fitness Info Managers (FIM) to update corrections resulting from administrative errors/records approved through the appeal process in the Air Force Fitness Management System II and is effective 31 July 2015. A margin bar (|) indicates newly revised material.

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 relates to AFI 10-203, *Duty Limiting Conditions*, AFI 34-266, *Air Force Fitness and Sports Programs*, and AFI 40-104, *Health Promotion Nutrition*. It applies to Regular Air Force (RegAF), Air Force Reserve (AFR), and Air National Guard (ANG) personnel. In collaboration with the Chief of Air Force Reserve (AF/RE) and the Director of the Air National Guard (NGB/CF), the Deputy Chief of Staff for Manpower, Personnel, and Services (AF/A1) develops personnel policy for the fitness program. This Air Force Instruction (AFI) may be supplemented at any level; MAJCOM-level supplements must be approved by the Human Resource Management Strategic Board (HSB) 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*; route AF Forms 847 from the field through the appropriate functional chain of command. 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 Management System (AFRIMS) Records Disposition Schedule (RDS). This publication requires

the collection and or maintenance of information protected by the Privacy Act of 1974 authorized by Title 10, United States Code (U.S.C.), Section 8013 and Executive Order 9397 (SSN), as amended. The applicable Privacy Act System of Records Notices F036 AF PC C, *Military Personnel Records Systems*, F036 AFPC J, *Promotions Documents and Records Tracking System (PRODARTS)* and F036 AFPC K, *Enlisted Promotion Testing Record*, are available at **http://dpclo.defense.gov/Privacy/SORNs.aspx**. The authorities to waive wing/unit level requirements in this publication are identified with a Tier ("T-0, T-1, T-2, T-3") number following the compliance statement. See AFI 33-360, *Publications and Forms Management*, for description of the authorities associated with the Tier numbers. Submit requests for waivers through the chain of command to the appropriate Tier waiver approval authority, or alternately, to the publication OPR for non-tiered compliance items.

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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 II) 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 II based on guidance and policy. (T-1).

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. Provides guidance on classes/programs that support individual/group exercise and unit Fitness Improvement Programs (FIP) at home station and deployed locations. (T-1).

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 II Super User access to system OPR. (T-1).

2.7.4. Provides technical assistance and guidance to AFFMS II Super Users/Fitness Information Managers (FIM), and UFPM users. Provides FIM user roles to authorized base personnel. Forwards AFFMS II 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, 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 for Health Promotion Staff and MTF providers. (T-1).

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. DELETED

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. DELETED

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 the appropriate oversight for FAs going through the appeal process. (T-1). Provides the first coordination on any appeal FAs. (T-1).

2.12.4.1. DELETED

2.12.4.2. DELETED

2.12.4.3. DELETED

2.12.5. Provides appropriate manpower, safe facilities, equipment, resources, and funding to support the FAC and FP. (T-1). Installation commanders will approve, in writing, the plan appointing certified PTLs/UFPMs to augment the FAC to conduct FAs and input scores. (T-1). Periodically reviews use of personnel to augment FAC operations to ensure they are used in a manner that minimizes undue burden on units. (T-1).

2.12.5.1. Provides a location for administration of all components of the FA. (T-1).

2.12.5.2. Approves 1.5-mile run/2.0-kilometer walk assessment course in conjunction with local CES, FSS, and Wing Safety and files approval memorandum at the FAC. (T-1).

2.12.5.3. Plans, programs, and budgets training to support the installation FP. (T-1). This includes UFPM/PTL training and the FIP education/intervention program.

2.12.6. ARC Wing commanders promote and support unit FP as mission requirements allow. Wing commanders will establish local guidance for subordinate Unit commanders regarding use of duty time for physical training (PT) during Unit Training Assemblies (UTA), Annual Tours (AT), and special tours. (T-1).

2.12.6.1. Coordinates with host Military Treatment Facility (MTF) to establish medical support for the fitness program, to include space-available access to FIP and UFPM/PTL training.

2.12.7. Designates, in writing, an individual to oversee the Fitness Assessment Cell (FAC), or Wing Fitness Program for ANG. (T-1). This individual can be any AFSC and is required to be an NCO or SNCO. (T-2). NOTE: At AFRC stand-alone bases, the EP oversees the FAC and is appointed by the Installation Commander.

2.12.7.1. At installations where the Fitness and Sports Center (FSC) is operated by military and/or GS employees, the Fitness and Sports Manager (FSM) assigns a 3M SNCO/ NCO/GS civilian employee already working at the FSC to oversee the FAC program management (including UFPM/PTL augmentees). These duties, however, cannot be performed by Non-Appropriated Fund (NAF) or contract employees.

2.12.7.2. At installations where the FSC is operated under a NAF Instrumentality (NAFI) memorandum of agreement (MOA) or contract and there are no 3M NCOs, FSS/CC in conjunction with installation leadership, will identify a military member (minimum grade of SSgt) from anywhere on the installation to perform FAC Program Manager duties. The military member assigned as the FAC Program Manager reports to and elevates FAC issues and concerns to the Sustainment Flight Chief (FSV).

2.13. Medical Group Commander (MDG/CC).

2.13.1. Provides medical support for the installation FP. (T-1). Plans, programs, and budgets for medically-related intervention and training programs. (T-1).

2.13.2. DELETED

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. DELETED

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. Duty Limited Conditions (DLC) related to Fitness Restrictions (FR) and Fitness Assessment Restrictions (FAR) IAW AFI 10-203, *Duty Limiting Conditions*. (T-1).

2.15.1.1. DELETED

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

2.15.2.1. DELETED

2.15.2.2. DELETED

2.15.3. Ensures ARC medical units provide health service support to a wing/group as follows: (T-1).

2.15.3.1. Ensures provision of medical dispositions relating to members' training and assessment in the FP based on reports from Personal Care Provider (PCP). ARC providers will document profiles with FP restrictions/exemptions IAW AFI 10-203, *Duty Limiting Conditions*. (T-1).

2.15.3.2. 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 physical activity, nutrition, and behavioral health education programs are incorporated into required FP education and implements AFMOA Health Promotion Operations approved FIP. (T-1).

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. DELETED

2.17.1. DELETED

2.17.2. DELETED

2.17.3. DELETED

2.17.3.1. DELETED

2.17.3.2. DELETED

2.17.4. DELETED

2.17.5. DELETED

2.17.6. DELETED

2.17.6.1. DELETED

2.17.7. DELETED

2.17.8. DELETED

2.17.8.1. DELETED

2.17.8.2. DELETED

2.17.9. DELETED

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 II 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 FIP. (T-1).

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. Completes UFPM/PTL training/certification within 90 days of appointment. (T-1). **NOTE:** will obtain a minimum PTL-B certification. PTL-A certification will be pursued as required.

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) and conduct FAs (PTL-B) if not collocated with a base. (T-1). Secures training/certification at specified locations on base, or utilizes remote/online training options if space is unavailable. (T-1). Ensures all PTLs (Basic and Advanced) are trained for Basic Life Support (BLS) and in the use of an Automated External Defibrillator (AED). (T-1).

2.19.4. Conducts Staff Assistance Visits (SAVs) on unit FP at the request of the commander (or equivalent). (T-1).

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 II UFPM roles.

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

2.20.1. Receives initial and refresher training provided by the FPM regarding FP policies/procedures. (T-1).

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. Complete AF Form 469 for Airmen 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 it pertains to the FP.

2.21.2. DELETED

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 Airmen with a high-risk response on the FSQ (**Attachment 4**) upon referral by the FAC or unit. (T-1).

2.21.5. Evaluates Airmen to determine whether the Airmen has a medical condition precluding him/her from achieving a passing score on the fitness assessment, as requested by the FPM for ARC, Airman's commander, or UFPM. (T-1).

2.21.6. Refers RegAF members for exercise assessment, prescription and counseling, or rehabilitation program (when medically appropriate). (T-1).

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. (T-1). Ensures all FAC staff, FAC augmentees, and special population instructors (e.g. MTIs, MTLs, OTS cadres, etc.) have been fully trained and are a minimum PTL-B certified prior to conducting official FAs. (T-1). Ensures adequate facilities and other resources are available to support fitness operations at home station 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 service personnel have knowledge, skills, and training necessary for food preparation to maximize the nutritional value of foods and promote the purchase and consumption of healthy food options. (T-1).

2.22.4. Ensures Fitness and Sports Manager and staff are trained and prepared to support FP at home station and at deployed locations. (T-1). 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 are 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*). (T-1).

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

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 unit 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-B or PTL-A, will augment the FAC. However augmentees must possess a minimum PTL-B certification. (T-1). NOTE: All FAC augmentees will be military members. (T-1).

2.23.1.1. Completes FAC-provided refresher training on FA procedures at the beginning of their FAC rotation. (T-1) This refresher training will include an overview of proper FA procedures as well as local FA instruction and must be completed prior to conducting any FAs as a FAC augmentee. (T-1).

2.23.1.2. **(Added-ALTUSAFBSUP)** FAC Augmentees will be used to supplement the FAC. The FAC will be augmented by 97th Mission Support Group (MSG) Physical Training Leaders (PTL) on a monthly rotating schedule.

2.23.1.3. **(Added-ALTUSAFBSUP)** In order to track member's laps, FAC augmentees will issue testing members a uniquely numbered jersey before the cardio portion of the fitness assessment.

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. (T-1). If the instructional video is shown, reading the instructions 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 the UFPM of any Airman with high-risk responses on the FSQ for referral to a Health Care Provider. (T-1). If the Airman has a component exemption, the Airman must present a current AF Form 469 at the time of testing. (T-1). NOTE: ANG Airmen with high-risk responses on the FSQ will be referred to their MLO. (T-1).

2.23.4. Provides completed Written Order at Attachment 18 and a copy of his/her CPR card to the FAC Manager prior to administering any FAs as a FAC augmentee. (T-1).

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 will perform AC measurements on Airmen of the same gender. (T-1). Where a FAC augmentee of the same gender is not available, an observer of the same gender must be present. (T-1). NOTE: Please reference paragraph 3.10.1.1. for determination of Airmen gender.

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 Airmen for every one FAC augmentee. (T-1). 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. (T-1). 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. (T-1). ARC Airmen must be in a military duty status (active or inactive) while the FA is being administered. ARC UFPM/PTLs may administer the test in any status. (T-1).

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 Airman's signature on the score sheet, acknowledging run/walk time, abdominal circumference measurements, and muscular fitness repetitions. (T-1). Provides a copy of the signed score sheet to the Airman for his/her personal records. (T-1). 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. (T-1). FAs will be conducted by a certified PTL from a different unit/PAS

code than the Airman being tested. (T-1). Procedures to ensure this direction is adhered to will be determined by local leadership. (T-3).

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. Provides PTL-B training to all FAC augmentees prior to administering any FAs. (T-1). NOTE: Training materials will be provided by IMSC/SV.

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 II and unit metric reports. (T-1). Provides UFPM or designated unit representative blocks of testing dates and times for FAs. (T-1). NOTE: AFFMS II training materials will be provided by AFPC/DPSIM. (T-1).

2.24.4.1. **(Added-ALTUSAFBSUP)** Conducts PTL and UFPM training on a monthly basis.

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

2.24.6. Oversees use of AFFMS II by UFPMs and assigns AFFMS II user roles and privileges to authorized personnel. (T-1).

2.24.6.1. **(Added-ALTUSAFBSUP)** Submits AF Form 2875, *System Authorization Access Request*, to grant UFPMs access to Air Force Fitness Management System II (AFFMS II).

2.24.7. Ensures FA scores are entered into AFFMS II within five duty days by FAC personnel or designated UFPMs/FAC augmentees per local guidance. (T-1). UFPMs/FAC augmentees will not update scores for Airmen from their own unit/PAS code. (T-1).

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 Airmen from their own unit/PAS code. (T-1).

2.24.9. Files completed Written Orders for all FAC augmentees (**Attachment 18**). (T-1).

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. (T-1).

2.24.12.1. For unsatisfactory FAs, maintain the original or electronic copy of the AF Form 4446, FSQ, and any applicable AF Forms 469, until the Airman achieves a passing FA score or for 24 months, whichever is earlier. Airmen in PCS status hand-carry a copy of their official unsatisfactory score card to their next duty station and provides a copy to

their UFPM upon inprocessing. NOTE: In cases where no FAC exists, the UFPM files and maintains either paper or electronic copy.

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**. (T-1). While not mandatory, Unit Commanders are encouraged to provide written guidance to Airmen describing fitness expectations.

2.25.3. Ensures Airmen maintain FA currency as prescribed in paragraph 3.12. (T-1).

2.25.4. PT program requirements: unit PT programs will encourage Airmen to participate in physical fitness training for up to 90 minutes, 3-5 times per week. (T-1). Consistent with mission requirements, commanders are encouraged to schedule or authorize Airmen 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. (T-3). Ensures appointed PTLs receive initial and refresher training/PTL-A certification prior to overseeing and conducting the unit PT.

2.25.5.2. PTLs and FAC augmentees must be available for a minimum of 1 year from the time of appointment. (T-3).

2.25.6. Appoints UFPM(s) in writing and ensures current appointment letter is filed with the FAC. (T-1).

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). (T-1).

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 Airmen departing for Permanent Change of Station (PCS), Permanent Change of Assignment (PCA), or transferring ARC units. (T-1). The losing UFPM will retain a copy for 90 days. (T-1).

2.25.8. Ensures Airmen 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 Airman volunteers to take his/her FA earlier. (T-1). The period of acclimatization starts when the Airman 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 Airman's FA score is current prior to deployment, extended TDY (> 30 days), PCS, and PME or training courses. (T-1).

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 II 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. (T-1).

2.25.10.2. Commanders may refer and track Airmen not meeting standards.

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 Dual-Status Technicians to participate in duty-time PT according to ARC policy for civilian employees and develops plans for their participation.

2.26.3. May authorize points and pay to accomplish mandatory FIP, and to receive counseling from Health Promotion staff. 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 Inactive Duty Training (IDT) locally in order to maintain currency.

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 the Expeditionary FSS and do not administer FAs to members within their own unit/PAS code. (T-1).

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 II. (T-1).

2.28. Unit Fitness Program Manager (UFPM).

2.28.1. Must be PTL-B certified and will augment the FAC to conduct official FAs, but will not test Airmen from their own unit/PAS code or update scores in AFFMS II on Airmen from their own unit/PAS code. (T-1). Where a FAC does not exist (GSUs, Detachments, etc.) the UFPM and/or PTL will fulfill the roles of the FAC in conducting FAs and inputting scores in AFFMS II. This may include obtaining access to the AFFMS II and training by servicing

FAC manager within 30 days (90 days for ARC) of appointment by Unit commander. Where no FAC exists, UFPMs will enter FA scores into AFFMS II within 5 duty days. (T-1).

2.28.1.1. Required to complete UFPM and PTL training annually.

2.28.2. Provides FSQ to Airmen to complete prior to any official or command-directed unofficial/practice FA. (T-1). FSQ will be completed by Airman no earlier than 30 days (90 days for ARC). (T-1). Reviews completed FSQ prior to allowing any Airman to conduct an official FA. Refers any Airman 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. (T-1). Communicates status of deployed unit personnel to the FAC IAW 3.12.4.3.

2.28.4. Informs Airmen of FIP requirements and inputs start date in AFFMS II. (T-1). See paragraph 10.4 for notification requirements.

2.28.4.1. ARC Airmen in the Unsatisfactory fitness category must complete the online BE WELL Program IAW paragraph 3.12.3. (T-1). 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 FIP. Notifies FAC, or Wing FPM for ANG, of Airman's completion of FIP for update in AFFMS II.

2.28.4.2. Notifies unit commander of Airmen failing to show for any FIP appointment IAW paragraph 10.4.6. (T-1).

2.28.5. Initiates and maintains fitness program case files IAW paragraph 8.2. (T-1). All UFPMs will ensure case files are maintained in a secured location. (T-1).

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 four component exemptions in a 24-month period. (T-1).

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 FPM for an exercise assessment, prescription and counseling, or reconditioning program. (T-1). ARC Airmen not co-located at a RegAF base will be advised to consult a personal care provider/trainer or base ARC EP as applicable. (T-3).

2.28.9. Maintains a minimum Satisfactory score on the FA. (T-1). NOTE: If, at any time, their score drops below 75.0, they will be removed as a certified PTL-B. Once they achieve a passing score and reaccomplish necessary training, PTL-B certification can be reinstated.

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. (T-1). Note: BLS certification is valid for two years, however a valid certificate must be provided by the member at the time of the refresher training to satisfy the requirement for an additional year.

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.

2.29.3. Augments FAC to support installation FA administration and AFFMS II 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. (T-1). PTL provides a copy of the signed scorecard to the FAC (or UFPM where no FAC exists) for AFFMS II entry and to the member for their personal records.

2.29.5. Can conduct unofficial practice tests on Airmen from their own unit. Tests conducted as unofficial practice tests cannot be counted as official. NOTE: ARC Airmen testing must be in a military status (active or inactive) when taking official and unofficial practice tests. (T-1).

2.29.6. Maintains a minimum Satisfactory score on the FA. (T-1). NOTE: If, at any time, their score drops below 75.0, they will be removed as a certified PTL-B. Once they achieve a passing score PTL-B certification can be reinstated, but all training must be reaccomplished.

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. PTL-A certification consists of PTL-B certification plus certification from online PTL-A training course. (T-1). PTL-A online training course may be completed before attending PTL-B certification however, until both certifications are complete the Airman cannot conduct any FAs or lead any squadron, group, etc. fitness sessions. Refresher training must be accomplished annually.

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 Airmen from their own unit. Tests conducted as unofficial practice tests cannot be counted as official if an Airman achieves a passing score. NOTE: ARC Airmen testing must be in a military status (active or inactive) when taking official and unofficial practice tests. (T-1).

2.30.4. Documents FA results on a hard copy AF Form 4446, signs scorecard, and obtains Airman'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 the FAC (or UFPM where no FAC exists) for AFFMS II entry and to the Airman for their personal records. (T-1).

2.30.5. Maintains a minimum Satisfactory score on the FA. (T-1). NOTE: If, at any time, their score drops below 75.0, they will be removed as a certified PTL-A. Once they achieve a passing score they can be recertified as a PTL-A.

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. Notifing 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, if not scheduled in a period required to remain current.

2.31.2.3. Remaining current as defined in paragraph 3.12. It is the commander's discretion to annotate a non-current/failing FA within the reporting period on the evaluation. Additionally, it is the commander's discretion to document the evaluation as a referral for a non-current/failing FA at the evaluation close-out date or EPR SCOD. NOTE: See Table A14.1. and A14.2. for mandatory and optional commander actions upon FA failure.

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. (T-1). If the Airman arrives at the FAC without a FSQ, the FAC staff/augmentee will ensure the Airman 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. (T-1).

2.31.3.1. Upon completion of the FSQ, provide a copy of the FSQ to the UFPM and FAC member prior to the FA.

2.31.3.2. If the Airman 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 Airman 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, Airman must

be scheduled for first available FA appointment and notify their UFPM. Failure to comply with this direction will be addressed by Airman'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 a 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 Air Force Personnel Center (AFPC) Secure website.

2.31.6. Will acknowledge FA component results by signing a hard copy AF Form 4446 following completion of the FA. (T-1). 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 Airmen must ensure they are in an approved military status for FAs. (T-1). Appropriate military duty status for FAs is IAW AFI 36-2254,V1. 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.

2.31.10. **(Added-ALTUSAFBSUP)** All testing members will sign in on the sign-in roster printed the day of their scheduled test. FAC staff and/or augmentees will also ensure testers present their Common Access Card (CAC) to ensure the correct member is testing.

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). (T-1). NOTE: Airmen will be tested against performance standards by gender reflected in MilPDS.

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 RegAF installations to include UTA weekends. (T-1). 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. (T-3). FAC augmentees will conduct FAs and the designated FAC Manager will provide oversight. (T-1). FAC augmentees will not test Airmen from their own unit/PAS code. (T-1). FA scores will only be updated by Fitness and Sports Center personnel, or designated UFPMs/FAC augmentees per local guidance. (T-3). NOTE: UFPMs/FAC augmentees will not update FA scores in AFFMS II for personnel from their own unit/PAS code. (T-1). 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 II. (T-1) Scores for all components are final when entered into AFFMS II.

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. (T-1). 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. (T-1). For RegAF and AGR Airmen, the FAC (or UFPM where no FAC exists) will enter the FA results in AFFMS II on the 6th duty day if the Commander does not invalidate test results or no response from the Commander is received within this timeframe. (T-1). For non-AGR and Traditional ARC Airmen, the FAC (or UFPM where no FAC exists) will enter scores into AFFMS II 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. (T-1).

3.4.2.1.1.1. **(Added-ALTUSAFBSUP)** No assumptions will be made by FAC members/augmentees regarding a member's health at any time during their test. Members who become ill or injured during the fitness assessment must immediately report their injury/illness verbally to the FAC or PTL (e.g., I'm sick, I'm injured, or I need medical assistance). After signing the applicable block on their AF Form 4446, *Air Force Fitness Assessment Scorecard*, to acknowledge the illness/injury, the member must report directly to the MTF for assistance. The AF Form 4446 must also be signed by the member's commander.

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 II. (T-1).

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.

3.4.6. Airmen must take the FA at their home station FAC unless written approval by the Unit CC has been given to test at another AF FAC.

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.

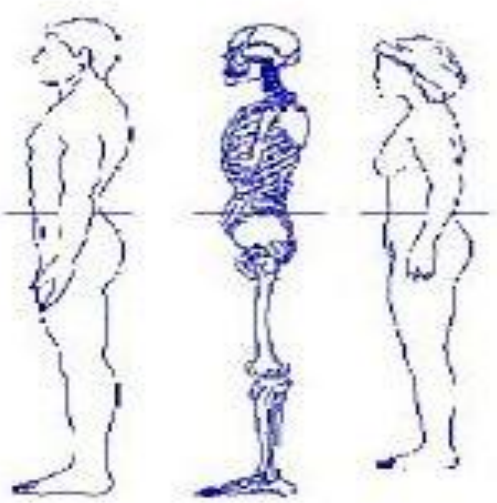
3.6.3.1. FAC staff or trained augmentee will take the AC measurement in a private room or in a partitioned area. Individuals conducting AC measurements will be of the same gender as the member being taped. Where a FAC member or a PTL of the same gender is not available, an observer of the same gender 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 tests on the AC only, he/she is required to meet the minimum component measurement (39.0 for males and 35.5 for females) to pass the FA.

3.6.3.7.1. DELETED

3.6.3.7.2. DELETED

3.6.3.8. If an Airman fails the abdominal circumference measurement of the FA yet takes and passes the other three components with a score of at least 75 points of the remaining 80 points, the FAC will administer the DoD prescribed Body Mass Index (BMI) screen. (T-1) 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). (T-1) 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.

3.6.3.8.1. 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. (T-1). The AC measurement, BMI score, and BFA (if performed) will be provided in the letter.

3.6.3.8.2. 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.**

3.7.1.2. **(Added-ALTUSAFBSUP)** With the exception of the 2 kilometer (km) walk, members have the option to choose a testing date to complete the aerobic fitness assessment on either the perimeter road or running track. The 2 km walk will take place on the running track only.

3.7.1.3. **(Added-ALTUSAFBSUP)** Testing will be accomplished during 6 sessions per week: 2 tests (run only) on Mondays and Wednesdays, and 2 tests on Friday (1 walk / 1 run). If a test is canceled due to weather, Airmen will complete the test during the next available testing session.

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 Airman paired to accomplish muscle fitness components will monitor and count the correct number of push-ups. (T-1). When Airmen 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. (T-1). If the Airman breaks correct form, the counter/monitor 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 Airman from a position that allows observance of the Airman'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 ≤ 74.9 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 II. (T-1). For deployment/extended TDY purposes, Airmen must be categorized as Excellent, Satisfactory, or Unsatisfactory before being updated as exempt in AFFMS II. (T-1).

3.10. Determining Composite Fitness Score.

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

3.10.1.1. Airmen will be tested against performance standards by gender reflected in MilPDS.

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

3.10.4.2. Example: Airman exempted from aerobic fitness: If Airman has a 39.5 inch waist and receives 11.7 points for AC, 9.5 points for push-ups and 9.5 points for sit-ups; the total component points achieved = 30.7. Possible points 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 Airman did not meet minimum AC requirement of 39.0 inches), Airman receives an Unsatisfactory rating.

3.10.4.3. Example: Airmen 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 rating. 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)

3.10.4.4. Airmen on a *permanent* medical profile, documented appropriately as a "permanent component exemption" on an AF Form 469 (only), that achieve a score of 90 or above (Excellent) on the remaining components (using calculations above) will be tested annually. Example: Airman is *permanently* exempted from the run but can test on the walk: If the Airman is female and 35 years of age, passes the walk test, receives 17.6 points for AC, 9.5 points for push-ups and 10.0 points for sit-ups; the total component points achieved = 37.1. Total possible points from AC, push-ups and sit-up components = 40 points. Composite score is: (37.1/40) x 100 = 92.75. The Airman scored above a 90 (Excellent) and will test annually. NOTE: Every 365 days *permanent* medical profiles are reviewed by medical to determine if they are still valid.

3.11. Scheduling.

3.11.1. Frequency of the FA will be based on the previous fitness score unless an earlier assessment is necessary to accommodate a 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. However, 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. (T-1). NOTE: Airman must have earned an Excellent by completing all four FA components (aerobic: 1.5 mile run; AC measurement; push-ups; and sit-ups) or be on a *permanent* medical profile and declared medically incapable of performing one or more components of the FA and

achieve a composite score of 90 or above on the remaining components in order to test on a 12-month currency cycle. (T-1). See paragraph 3.10.4.4.

3.11.1.2. Satisfactory. RegAF, AFR, and NGB (Title 10/Statutory Tour) Airmen who score a Satisfactory score on their FA must complete an official FA at a minimum of twice per year. RegAF, AFR, and NGB (Title 10/Statutory Tour) Airmen 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 Airman tested on 15 April, then Airman must retest on/before 31 October of the same year). (T-1). ANG Title 32 must complete an official FA at least annually 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 an Airman tested on 15 April, the Airman must retest on/before 30 April of the following year). (T-1). NOTE: Airmen who take the walk test, and who are not on a *permanent* aerobic exemption, are ineligible to take the FA on an annual basis and will test by the last day of the month, six calendar months following the previous Satisfactory test.

3.11.1.3. Unsatisfactory. RegAF, AFR, and NGB (Title 10/Statutory Tour) Airmen must retest within the 90 days following an Unsatisfactory FA. (T-1). Unit Commanders may not mandate Airmen to retest any sooner than the end of the 90-day reconditioning period, however, Airmen may voluntarily retest before the end of the 90-day reconditioning period. 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 voluntarily retest. Non-currency for NGB Title 32 begins on the 181st day. (T-1). NOTE: Retesting in the first 42 days (90 days for ANG Title 32) after an Unsatisfactory FA is not recommended; recognized medical guidance recommends a minimum of 42 days as the timeframe to recondition from Unsatisfactory to Satisfactory status in a manner that reduces risk of injury.

3.11.1.3.1. Airmen who want to retest during the 42-day period (90 days for ANG Title 32) immediately following an Unsatisfactory FA are highly encouraged 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 II.

3.11.1.3.1.1. **(Added-ALTUSAFBSUP)** Any member who volunteers to retest during the 42-day period (90 days for ANG) immediately following an Unsatisfactory FA are required to fill out a waiver. This waiver must be signed by the member and their unit commander.

3.11.2. In addition to the mandatory official test, commanders may direct unofficial practice tests administered by trained/certified PTLs. This will afford Airmen 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 II; 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.

3.11.3. **(Added-ALTUSAFBSUP)** Testing times will rotate for summer and winter months, due to the extreme change in weather. (NOTE: FAs will be scheduled the first 3 weeks of the month with the last week reserved for make-ups and case-by-case FA testing requirements)

3.11.3.1. **(Added-ALTUSAFBSUP)** March – September:

3.11.3.2. **(Added-ALTUSAFBSUP)** Monday, Wednesday, and Friday - 0730 & 0930

3.11.3.3. **(Added-ALTUSAFBSUP)** October – February:

3.11.3.4. **(Added-ALTUSAFBSUP)** Monday, Wednesday, and Friday - 1200 & 1400

3.11.4. **(Added-ALTUSAFBSUP)** Members are required to arrive for their official FA 15 minutes prior to their appointment in their PTU and bring their Common Access Card (CAC), completed Fitness Screening Questionnaire (FSQ), and AF Form 469, *Duty Limiting Condition* (if applicable). No-show letters will be forwarded to UFPMs and CCs in the event a member does not report for their scheduled FA.

3.11.5. **(Added-ALTUSAFBSUP)** Members (except TRS students) are required to schedule their FA via the SharePoint site. As part of the FA registration process, they must add their UFPM in the POC area. In the event of an emergency or mission change within 72 hours of a scheduled FA, members are required to contact their UFPM to explain the circumstances. The UFPM in turn will send an e-mail to the Squadron CC with a recommendation and request for his/her decision (approve/disapprove). The Squadron CC will respond back to their UFPM with a decision. If approved, the UFPM will notify the FAC that the member is approved to reschedule their FA.

3.11.5.1. **(Added-ALTUSAFBSUP)** In the event the FA SharePoint is down for scheduled maintenance, members will be able to manually schedule their FA through their UFPM.

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 Airman's responsibility to ensure their FA is scheduled within their installation's guidelines.

3.12.2. Failing to remain current, as well as failing to attain a passing score on the applicable FA before the end of any performance report reporting period, will be considered as part of the performance assessment on the Airman's evaluation if, as of the closeout date of any performance report, currency or a passing score is not obtained. Enlisted Airmen failing to have a current/passing FA score by the SCOD/PECD will render them ineligible for promotion during that cycle. Accordingly, commanders should consider delaying the promotion of officers failing to have a current/passing FA at the Projected Date of Promotion (PDOP). Officers in this fitness status will remain eligible for promotion (See AFI 36-2501, *Officer Promotions and Selective Continuation*, Chapter 5). Monitor any personal FA

exemptions, schedule any necessary medical examinations, and initiate FA test arrangements in a timely manner. NOTE: See Table A14.1. and A14.2. for mandatory and optional commander actions upon FA failure.

3.12.3. Waivers. If an Airman is unable to complete any required portion of the AF Fitness Program (e.g., FA, intervention classes), the Airman must receive written approval (Table 5.1) from the Unit commander for rescheduling. (T-3). A copy of the written approval is filed by the UFPM in the Airman's fitness program case file. For ARC Airmen unable to complete any scheduled FA, the Airman must be rescheduled to test on the next date the Airman is in a military duty status and official FAs are being conducted. (T-1).

3.12.4. Deployments. Airmen must have a current FA on file prior to arrival at their deployed location. (T-1). Airmen will not be considered Exempt in the deployed location until their current FA expires. If an Airman fails before deploying/extended TDY and their evaluation closes out after the deployment starts, this failure will be considered as part of the performance assessment on the evaluation. Exempt will be marked when the Airman's current FA expires in a deployed location where they CANNOT test or choose not to volunteer to test at locations where FA testing is available. NOTE: See Table A14.1. and A14.2. for mandatory and optional commanderactions upon FA failure.

3.12.4.1. Any failures will be annotated in AFFMS II and will be considered IAW 10.1. 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 the evaluation will be marked Exempt. For Satisfactory and Excellent scores, deployed Airmen become Exempt 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 II placing the deployed Airman in exempt status after their "current" FA expires. (T-1). UFPMs performing FAC duties at GSUs will update exempt status in AFFMS II. (T-1). 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 Airmen 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. Airmen must have a current FA prior to departure to an extended TDY location. (T-1). For the purpose of this instruction, extended TDY is defined as more than 30 consecutive days. Airmen will not be considered Exempt at the extended TDY location until their current FA expires. If an Airman fails the FA before the extended TDY and the evaluation closes out while the Unsatisfactory FA score is still applicable, this failure will be considered as part of the performance assessment on the evaluation. Exempt will be marked when the Airman's current FA expires at the extended TDY location prior to evaluation close out. NOTE: The deployment exemption category in AFFMS II 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 Airmen must participate in a unit FIP and start FIP (if co-located, otherwise online) within 10 days of the failed FA. (T-1). All Airmen 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 Airmen at non-collocated Air Force bases will start the FIP within 10 days of the FA. (T-1). The online FIP is available via ADLS.

3.13.1.2. Non-AGR ARC (AFR and ANG) must accomplish FIP within 60 days of Unsatisfactory FA. (T-1). The online FIP 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 Airmen 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 II update and tracking purposes. This variation is only for ARC Airmen who are not afforded the 42-day acclimatization period at the assessment site.

Chapter 5

EXEMPTIONS

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

5.2. Exemptions. Commanders may grant exemptions as outlined in Table 5.1. Airmen 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. FA exemption recommendations for medical reasons can only be made by a MTF provider or ANG MLO. All Airmen will complete an AC assessment as listed in paragraph 5.2.7., 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. (T-1). Temporary exemptions will not be issued for Airmen still currently assigned to a unit solely for the purpose of improving currency compliance rates (i.e., where Airman is not on terminal leave).

5.2.1. Airmen with an approved retirement or separation date within 12 months (365 days) of the last Satisfactory, Excellent, or Exempt FA that is current are Exempt. If the separation or retirement date is cancelled, Airmen will complete the FA IAW their original FA cycle (i.e. 6 or 12 months) or, if the original cycle date has passed, within 42 days (reacclimation time).

5.2.2. Airmen 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*. (T-1).

5.2.2.1. DELETED

5.2.2.1.1. DELETED

5.2.2.2. DELETED

5.2.2.3. DELETED

5.2.2.4. DELETED

5.2.3.

5.2.3.1. Providers will list physical limitations and FA exemptions on the AF Form 469. (T-1). Unless given a composite exemption, Airman will continue to prepare for and be assessed on non-exempt component of the FA.

5.2.3.1.1. ANG. Airmen with physical limitation that prevent participation in fitness activities for greater than 30 days and/or preclude the Airmen from completing a full FA will provide medical documentation from their Personal Care Provider (PCP) to the Wing Medical Group. (T-1). The Wing Medical Group will issue an AF Form 469 as appropriate addressing each component of the FA. (T-1). MLO will review AF Form 469 and issue an AF Form 422 to the Airman's UFPM. (T-1). UFPM

ensures Airmen due an FA are assessed on non-exempted components per the AF Form 469.

5.2.3.2. A military provider must make the final disposition for any physical limitations in cases where Airmen are seen by non-military providers or when ARC Airmen bring recommendations from their PCP. (T-1). Limitations will be transcribed by an AF provider to an AF Form 469 IAW AFI 10-203.

5.2.3.3. The expiration date on the AF Form 469 represents the date the Airman is medically cleared to resume physical activities previously restricted. For DLCs of 30 days or less, Airmen are eligible to complete a full, four component FA when their AF Form 469 restrictions expire, and will be tested within 30 days, if due or overdue. (T-1). For DLCs lasting 31 days or more, Airmen will be eligible to complete the full, four component FA 42 days after the expiration date of physical limitation, as annotated on the AF Form 469, if due or overdue. This allows time for reconditioning, if exempted for 31 days or more. NOTE: Reference 5.2.4. for guidance regarding prenant members.

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. Airmen with an AF Form 469, lasting any length of time, must maintain FA currency standards. (T-1). If an Airman, is due to test during the AF Form 469 effective dates or during the 42-day reconditioning period, the Airman 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 AF Form 469 or 42-day reconditioning period expires. NOTE: Reference 5.2.4. for guidance regarding pregnant Airmen.

5.2.4. Pregnancy.

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

5.2.4.1.1. DELETED

5.2.4.2. Airmen will be Exempt from the FA during pregnancy. Effective 1 Jan 2015, Airmen with pregnancies lasting 20 weeks or more are also exempt from FA for 12 months after discharge from the hospital upon completion of pregnancy (delivery, miscarriage, etc.). The Airman must test by the last day of the 12th month. On the 1st day of the 13th month after the discharge from the hospital of pregnancies lasting 20 weeks or more the Airman becomes non-current. Pregnancy-related exemptions apply to the FA and do not Exempt the Airman from participating in an approved physical fitness program.

5.2.4.2.1. DELETED

5.2.4.3. 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. MLO will issue corresponding AF Form 422 for the duration of the AF Form 469.

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

5.2.4.4. Pregnant ARC Airmen should discuss their fitness program with their PCP.

5.2.5. 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. Airmen 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. (T-1). 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. (T-1). Exemptions will not be granted for Airmen in outbound status for any circumstance other than those addressed in paragraphs 5.2.5.1. and 5.2.5.2.

5.2.5.1. 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 home station to cover the additional 42 days they will receive post RNLTD to acclimatize. (T-1). To prevent going non-current, Airman will test 43 days following RNLTD. NOTE: Not applicable if Airman's FA remains current for 43 days post RNLTD.

5.2.5.1.1. 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 any time prior to RNLTD + 42 days. (T-1).

5.2.5.2. 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 their losing home station. 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 Airman's FA remains current for 43 days post RNLTD.

5.2.5.2.1. 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 any time prior to RNLTD + 42 days. (T-1).

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

5.2.6. Accessions. FAs administered at comminissioning sources are considered official, provided they are administered IAW Chapter 3, and will be recorded into AFFMS II upon arrival at the first duty station. If the officer reports to the duty location without a FA AF Form 4446 the officer 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.

5.2.7. Airmen 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.

5.2.7.1. DELETED

5.2.8. All Airmen 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. (T-1).

5.2.8.1. 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.

5.2.9. ARC medical unit providers will advise Airmen to consult their PCP to recommend specific PT appropriate for medical condition or may refer the Airman to the FIP if available. (T-1). MTFs can provide space available evaluation as required for eligible ARC Airmen. To obtain an exemption based on evaluation and recommendation of PCP, the Airman must provide the ARC medical unit with medical documentation to include diagnosis, treatment, prognosis, and period and type of physical limitations or restrictions. (T-1). Individual Reservists (IR) may be referred by the MTF to their PCP or ARC EP where applicable.

5.3. Exemption Categories.

5.3.1. Component Exemption. Member is exempt from one or more components of theFA, but will be assessed on remaining components.

5.3.2. Composite Exemptions. Airman is exempt from all components of the FA.

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. All Airmen with a composite deployment exemption may complete FAs on a voluntary basis only.

5.3.2.1.1. DELETED

5.3.2.2. Permanent party personnel and 365-day deployers will test when their current FA expires in the deployed location, unless the location is not resourced, equipped, or otherwise capable of administering FAs. If testing for the permanent party personnel and 365-day deployers is not feasible, the Air Component Commander must grant a composite deployment exemption to all individuals deployed.

5.3.2.2.1. RegAF and AGR Airmen deployed/TDY for greater than 30 consecutive days will be given a 42-day acclimatization period starting the date they arrive back at home station prior to taking their FA, unless the Airman 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 home station prior to taking their FA, unless the Airman requests to be assessed earlier.

Table 5.1. Exemptions.

Type	Definition	Assessment/Reassessment Requirements

Composite (Medical)	Airman is prohibited from completing all components of the FA due to medical conditions, other than pregnancy (e.g.,	The Airman is allowed 42 days for reconditioning following the expiration of the medical exemption. (Exception: Pregnancy-related exemptions)
Composite (Commander)	Airman 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., personal catastrophe, etc.). Commanders will exempt Airmen who are incarcerated or on appellate/excess leave pending separation. NOTE: This exemption category is not authorized for medical or	If the exemption exceeds 30 days, the Airman is given 42 days following the expiration of the exemption for training. (See NOTE 1)
Composite (Pregnancy)	Airman is prohibited from completing FA due to pregnancy. Pregnant Airmen who were in the Unsatisfactory fitness category prior to becoming pregnant will continue to participate in the FIP. (T-1).	The Airman must test by the last day of the 12th month. On the 1st day of the 13 month after discharge from the hospital after pregnancies lasting 20 weeks or more the Airman becomes non-current. For pregnancies that end prior to 20 weeks, see paragraph 5.2.4.2.

Composite (Deployment)	Airmen due to deploy must have a current FA score on file prior to departure. (T-1). 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.	RegAF and AGR Airmen deployed for greater than 30 consecutive days will be given a 42-day acclimatization period starting the date they arrive back at home station 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 home station prior to taking their FA.
Component (Medical)	Airman 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	Upon expiration of the exemption, or when the medical provider/FPM/MLO clears the exempted component of assessment, the Airman will meet their next scheduled FA. If the exemption exceeded 30 days, the Airman is allowed 42 days for training following the expiration of the component exemption. If an Airman's next required FA is due during the 469 effective dates or 42

Composite (Extended TDY) *use Composite (Deployment) exemption for AFFMS II input	Granted only to Airmen 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 home station. This	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 home station 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 home station prior to taking their FA. Airman who PCS following an extended TDY but cannot complete the 42-day acclimatization period at losing home station will be assessed 43 days following their RNTLD.
Not Participating ARC Only	ARC only: Non-participating ARC Airmen 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 II.	Exempt until resolved. If the exemption exceeds 30 days, the Airman is given 42 days following the expiration of the exemption for training.

*NOTES:
1. Commanders will document all non-medical commander exemptions by e-mail or memorandum and forward to the FAC for action. (T-1). 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. Fitness Improvement Program (FIP). This program targets nutritional and exercise behavior changes necessary to improve one's health and fitness utilizing three 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, and Military OneSource Health Coaching. FIP is mandatory for all AF Airmen 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 FIP within 10 duty days of their Unsatisfactory FA. (T-1). If members are unable to start within 10 duty days, they must obtain written authorization from their Unit Commander. (T-3). Traditional ARC personnel (except AGRs) are required to accomplish FIP within 60 days of the Unsatisfactory FA. (T-1).

6.2.2. DELETED

6.2.3. Airmen who receive consecutive Unsatisfactory FAs are required to re-enroll in the FIP. Additionally, Airmen who receive nonconsecutive Unsatisfactory FAs must start FIP within 10 days of their latest Unsatisfactory FA and 60 days for ARC Airmen. (T-1).

6.2.4. UFPM will inform Airmen of FIP requirements per AFMOA guidance and document FIP start date in AFFMS II. (T-1).

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 FIP.

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 FIP 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 considered official, provided they are administered IAW Chapter 3, and will be recorded into AFFMS II upon arrival at the first duty station.

7.1.1.2. Upon graduation, officers will hand carry the AF Form 4446 for input into AFFMS II by the FAC at their first duty station or technical training (UFPM or training instructor), whichever location they report to first. NOTE: The next test date will be based on guidance in paragraph 3.11.1. If the officer reports to the duty location without an AF Form 4446, the officer must test within 42 days as stated in para 5.2.5.

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. (T-1). Results of FAs will be entered into AFFMS II. (T-1). 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. (T-1). The last FA administered at BMT will count as an Enlisted Airman's first official FA for AFFMS II input. Graduated BMT Airmen will hand carry FA AF Form 4446 for input into AFFMS II 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. (T-1). 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. (T-1). 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. Note: ARC Airmen who are awaiting entry into BMT but are participating at their Unit will be exempted from the FA until such a time they are entered into BMT.

7.1.4. Technical training school students will complete official FAs via unit PTLs/MTLs as required to maintain currency IAW Chapter 3. (T-1). Results from FAs conducted at technical training schools (not BMT) will be input by training squadron UFPMs into AFFMS II. (T-1). All permanent party training unit personnel (i.e. cadre, instructors, etc.) will complete FAs via the FAC. (T-1).

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 fulfill the roles of the FAC, but must adhere to 'same unit/PAS code' policy IAW para 2.28.1. (T-2). Prior to performing official FAs via unit PTLs, GSU commanders will ensure all PTLs have obtained a minimum PTL-B certification from the servicing FSS. (T-1). Procedures to ensure this directions is adhered to will be determined by local leadership. 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. (T-1). 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 II by FAC personnel at the parent organization.

7.2.1.5.1. When circumstances prohibit personnel from receiving PTL training from a nearby AF installation, then PTL FA training is accomplished via official slide video. The video can be found at **http://www.afpc.af.mil/affitnessprogram/videos.asp**.

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 Airman's RegAF UFPM will coordinate a test date/time with the FAC at the AF unit that will be conducting the FA. (T-1). The FAC conducting the FA will forward or input the test results into AFFMS II and forward a copy to the owning FAC and UFPM. (T-1).

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 RegAF bases may conduct their own fitness assessments on UTA weekends contingent upon agreement between Host Installation Commander and ARC Wing Commander. If approved, testing will be overseen by the Wing Fitness Program Manager (FPM). Additionally, FPM will ensure the ARC PTLs do not test Airmen from their own unit/PAS code and do not update FA scores in AFFMS II for Airmen 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 II software application is accessible through the AFPC Secure website.

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 II User Guide, and applied using the appropriate user role/privilege descriptions.

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

8.2. Fitness Program (FP) Case Files.

8.2.1. The UFPM initiates a FP case file when an Airman scores Unsatisfactory on a FA. The case file will contain AF Form 108, hard copy official AF Form 4446 with signatures, and applicable AF Form 422s, retention decision MFRs, and AF Form 469s, as required in paragraph 2.28.5. (T-1).

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.

8.2.2. 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 an Airman interacts with a PCP 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. DELETED

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 will consider 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 commanders 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. (T-1). Commanders may use administrative action to document a member's failure to maintain currency.

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.

10.1.5.3.1. Drill status guardsmen have a limited number of duty days to complete their FA and many Airmen may not have the opportunity to test four times within a 24-month period. Unit commanders must make a discharge or retention recommendation to the appropriate discharge authority for an ANG Title 32 Airman receiving four unsatisfactory FA scores within a 36-month period. A military medical provider must have reviewed the Airman's medical record to rule out medical conditions precluding the Airman from achieving a passing score.

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. Airmen enrolled in the FIP must continue with this program and scheduled FAs while in training status. (T-1).

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 FIP 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 FIP 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 is not required for online FIP. Annotations can be made on the back of the AF Form 108 for programs requiring multiple attendances.

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 II.

10.5.1. If an Airman 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 Installation Commander, or equivalent as described in figure 10.1.

10.5.1.1. At installations with multiple wings or tenant organizations, the Installation Commander may delegate this action to the respective Wing Commander/equivalent.

Figure 10.1. Fitness Assessment Appeals Process.

Step 1: Airman notifies UFPM of potential records error

Step 2: UFPM collects a Memorandum for Record from the Airman 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 Installation Commander/equivalent

Step 4: If the Installation commander or equivalent approves removal, UFPM/FAC notifies FIM of approved FA removal/correction. For disapproved requests, the Installation commander or equivalent will provide the Airman with disapproval rationale.

Step 5: For approval, FIMs will update the Airman's record

Step 6: If the Airman wants to appeal the denied request, the UFPM/FAC must submit the complete package to Fitness Assessment Appeals Board (FAAB) at AFPC/DPSIM at afpc.dpsim.fitnessassessmentappeals@us.af.mil. If needed, the Air Force Board for Correction of Military Records (AFBMCR) will be the final decision 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 II. Administrative errors are limited to: Number of repetitions performed does not match number submitted in AFFMS II; corrections to profile dates and exemption updates; deletion of score double entry; and FAs taken while pregnant. FAC will submit requests for administrative corrections to their installation FIM. In cases where a FAC does not exist, the administering PTL, UFPM, or Airman may submit the request directly to the FIM. Requests for administrative correction must include the appropriate documentation (i.e., score sheet and/or AF Form 469) for verification purposes.

10.6.1. DELETED

DARRELL D. JONES
Lieutenant General, USAF
DCS, Manpower, Personnel and Services

(ALTUSAFBSUP)

TODD A. HOHN, Colonel, USAF
Commander

Attachment 1

GLOSSARY OF REFERENCES AND SUPPORTING INFORMATION

References

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

DoD Instruction 1308.3, DoD Physical Fitness and Body Fat Programs Procedures, 5 November 2002

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

AFPD 36-29, Military Standards, 29 October 2009

AFPD 10-2, Readiness, 30 October 2006

AFI 10-203, Duty Limiting Conditions, 15 January 2013

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

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

AFI 36-2502, Airman Promotion/Demotion Programs, 31 December 2009

AFI 36-2603, Air Force Board for Correction of Military Records, 5 March 2012

AFI 36-2903, Dress and Personal Appearance of Air Force Personnel, 18 July 2011

AFI 36-2110, Assignments, 22 September 2009

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

AFI 36-2254V1, Reserve Personnel Participation, 26 May 2010

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

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

25 July 1994

AFI 36-2626, Airman Retraining Program, 1 July 1999

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

AFI 40-101, Health Promotion, 17 December 2009

AFI 40-104, Health Promotion Nutrition, 4 October 2011

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

AFI 44-102, Medical Care Management, 20 January 2012

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

AFMAN 15-129, V1, Air and Space Weather Operations-Characterization, 6 December 2011

AFMAN 33-363, Management of Records, 1 March 2008

AFMAN 44-144, Nutritional Medicine, 14 June 2004

AFPAM 48-151, Thermal Injury, 18 November 2002

AETCI 36-2201, *Technical and Basic Military Training Evaluation*, 13 September 2010

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

AETCI 36-2205,V1, *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

AED—Automated External Defibrillator

AFFMS II—Air Force Fitness Management System

AFPD—Air Force Policy Directive

AGR—Active Guard/Reserve

ARC—Air Reserve Components

AT—Annual Tour

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

COT—Commissioned Officer Training Course

DAWG—Deployment Availability Working Group

DLC—Duty Limiting Condition

DoD—Department of Defense

ECP—Extreme Conditioning Program

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

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

PDOP—Projected Date of Promotion

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

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

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 Airmen 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 2.0 kilometer walk test for eligible members.

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

Fitness Assessment (FA)—The Air Force uses the 1.5-mile run and 2.0 kilometer walk to provide an estimate of an Airman's cardiorespiratory (aerobic) fitness. Push-ups and sit-ups are used to assess muscular fitness. AC measurement is used to assess the body composition. Airmen 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 II, 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 FIP.

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 PTL or UFPM who has completed PTL-B training and certification. These augmentees will not test Airmen from their own unit/PAS code and will not update FA scores in AFFMS II for Airmen 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 Airmen from their own unit/PAS code and do not update FA scores in AFFMS II for Airmen from their own unit/PAS code.

Fitness Improvement Program (FIP)—Intervention program required for all Airmen identified as Unsatisfactory fitness score. The program consists of behavior modification, fitness and nutrition education.

Fitness Program Manager (FPM)—Installation fitness expert for ARC units. The FPM is responsible for oversight of the installation AF Fitness Program. The FPM is a consultant to commanders, 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 online PTL-A training course located on ADLS. 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 programs.

Self—paced Fitness Improvement Program (SFIP)—A remedial intervention program recommended for non-AGR ARC Airmen identified with a composite Unsatisfactory fitness score. Airmen are highly encouraged to take part on a voluntary basis in all available FIP 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.

VO2 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). VO2 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) skiing, running, cycling, swimming, skating, rowing, walking, aerobic dance, indoor aerobic exercise machines, and some sports if they are continuous in nature (soccer, basketball, court sports).

A2.4.2. Frequency, Duration, and Intensity. Accomplish moderately intense aerobic activity 30 minutes a day, five days a week *or* vigorously intense aerobic activity 20 minutes to 25 minutes a day, 3 days a week *and* muscle fitness exercise (see below), or an equivalent combination of moderately and vigorously intense aerobic activity. For additional and more extensive health and fitness benefits, accomplish moderately intense aerobic activity 300

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

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

A2.4.3.1. Heart Rate (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/w**	**Duratio n**	**Intensity (%HR**
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

A2.6. 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 skiing, running, cycling, swimming, skating, rowing, walking, aerobic dance, indoor aerobic exercise machines (e.g., cycle ergometer, elliptical, rower, versa climber, stair), and some sports if they are continuous in nature.

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 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: Airmen who have recently PCS'd require a 42-day 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?
   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)

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
						37	6.0	30	0
						36	5.8	≤ 29	0
						35	5.5		
						34	5.3		
						33 *	5.0		
						32	0		
						31	0		
						30	0		
						29	0		
						28	0		
						27	0		
						26	0		
						25	0		
						24	0		
						23	0		
						22	0		
						21	0		
						20	0		
						19	0		
						18	0		
						≤ 17	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 ≤ 13:36 mins:secs / Abd Circ ≤ 39.0 inches

Push-ups ≥ 33 repetitions/one minute / Sit-ups ≥ 42 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

A10.2. 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
						29	5.5	28	0
						28	5.3	27	0
						27 *	5.0	26	0
						26	0	≤ 25	0
						25	0		
						24	0		
						23	0		
						22	0		
						21	0		
						20	0		
						19	0		
						18	0		
						17	0		
						16	0		
						15	0		
						14	0		
						13	0		
						≤ 12	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 ≤ 14:00 mins:secs / Abd Circ ≤ 39.0 inches

Push-ups ≥ 27 repetitions/one minute / Sit-ups ≥ 39 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

A10.3. 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
						16	0	23	0
						15	0	22	0
						14	0	≤ 21	0
						13	0		
						12	0		
						11	0		
						10	0		
						9	0		
						≤ 8	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 ≤ 14:52 mins:secs / Abd Circ ≤ 39.0 inches

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
						18 *	5.0	27	0
						17	0	26	0
						16	0	25	0
						15	0	24	0
						14	0	23	0
						13	0	≤ 22	0
						12	0		
						11	0		
						10	0		
						9	0		
						8	0		
						≤ 7	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 ≤ 16:22 mins:secs / Abd Circ ≤ 35.5 inches

Push-ups ≥ 18 repetitions/one minute / Sit-ups ≥ 38 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

A10.7. 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
						17	6.8	19	0
						16	6.5	18	0
						15	6.0	17	0
						14 *	5.0	16	0
						13	0	15	0
						12	0	≤ 14	0
						11	0		
						10	0		
						9	0		
						8	0		
						7	0		
						6	0		
						≤ 5	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 ≤ 16:57 mins:secs / Abd Circ ≤ 35.5 inches

Push-ups ≥ 14 repetitions/one minute / Sit-ups ≥ 29 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

A10.8. 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
NOTES:						10	0	15	0
Health Risk Category = low, moderate or high risk for current and future						9	0	14	0
cardiovascular disease, diabetes, certain cancers, and other health problems						8	0	13	0
						7	0	12	0
Passing Requirements - member ***must***: 1) meet minimum value in each of						6	0	11	0
the four components, ***and*** 2) achieve a composite point total ≥ 75 points						5	0	10	0
						4	0	≤ 9	0
* Minimum Component Values						≤ 3	0		
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. M A N D A T O R Y Administrative and Personnel Actions for Failing to Attain Physical Fitness Standards (within a 24-month period IAW para 10.1.5.3. and 36-month period IAW para 10.1.5.3.1.).**

Unsatisfactory Fitness Score by PECD/SCOD (Enlisted)				
Defer or Withhold Promotion or Not Recommend (Enlisted)	X	X	X	X

***Table A14.2. OPTIONAL Administrative and Personnel Actions for Failing to Attain Physical Fitness Standards (within a 24-month period IAW para 10.1.5.3. and 36-month period IAW para 10.1.5.3.1.).**

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		
Limit Supervisory Responsibilities	X	X	X	X
Letter of Reprimand	X	X	X	X
Referral Evaluation	X	X	X	X
Delay Promotion (Officer), see AFI 36-250,1 Chapter 5	X	X	X	X
Establish Unfavorable Information File (UIF)		X	X	X
Reenlistment Ineligibility (see NOTE 1)		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

***NOTES: This illustrative and not binding.** Unit commanders exercise discretion when selecting OPTIONAL command action(s) keeping in consideration the need for progressive

discipline and the requirement for a separation package to be processed after the 4th failure in 24 months (or 36 months, when applicable IAW 10.1.5.3.1.). 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 Airman 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 Airmen to extend their reenlistment for either 4 or 7 months (7 or 12 for ARC) to improve their fitness level. Airmen 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 Airman'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.

3. If an Airman has a history of FA failures, then passes, only to fail again – commanders should consider a more aggressive approach for OPTIONAL actions.

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).

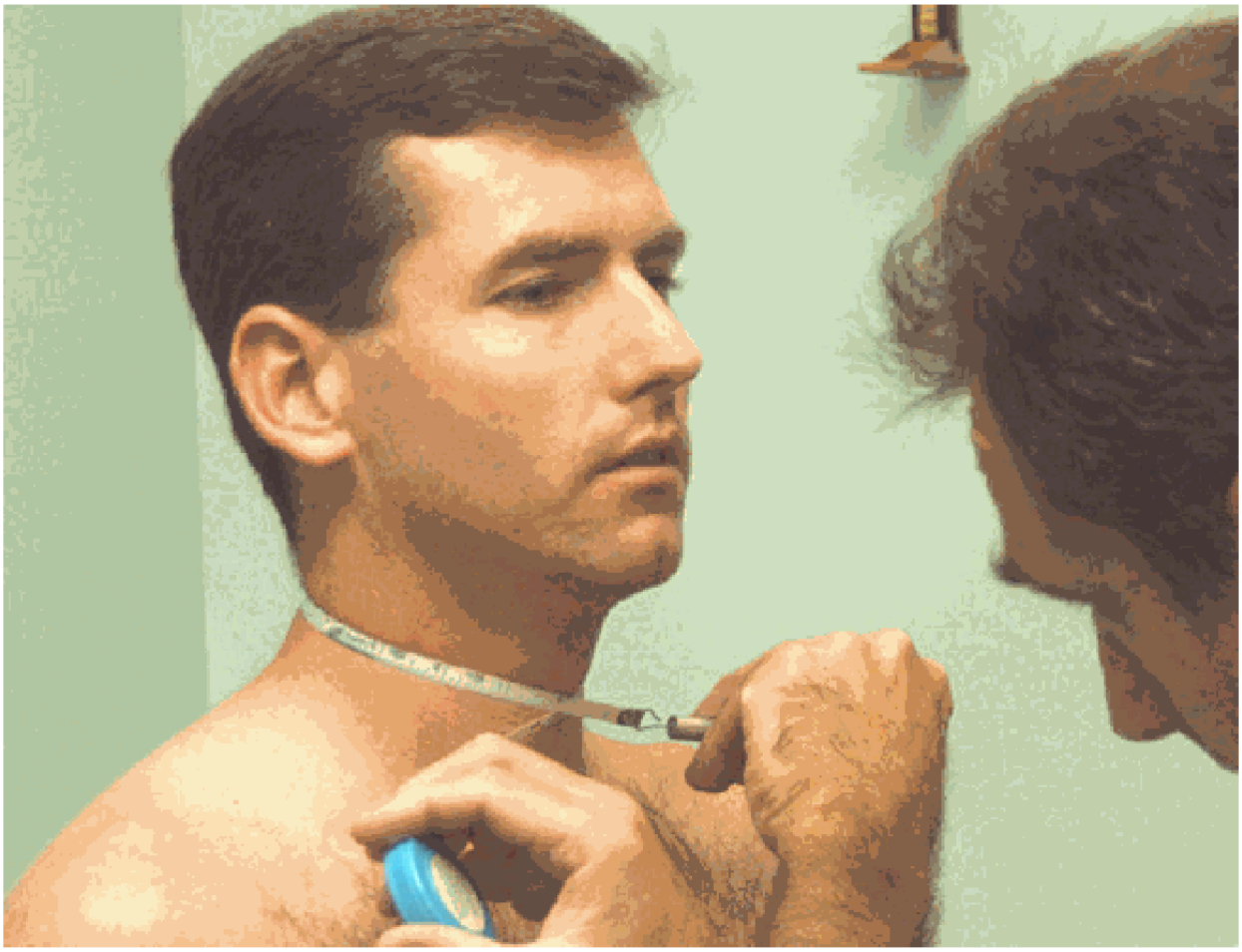


Figure A19.2. Male Neck Measurement (Side View).

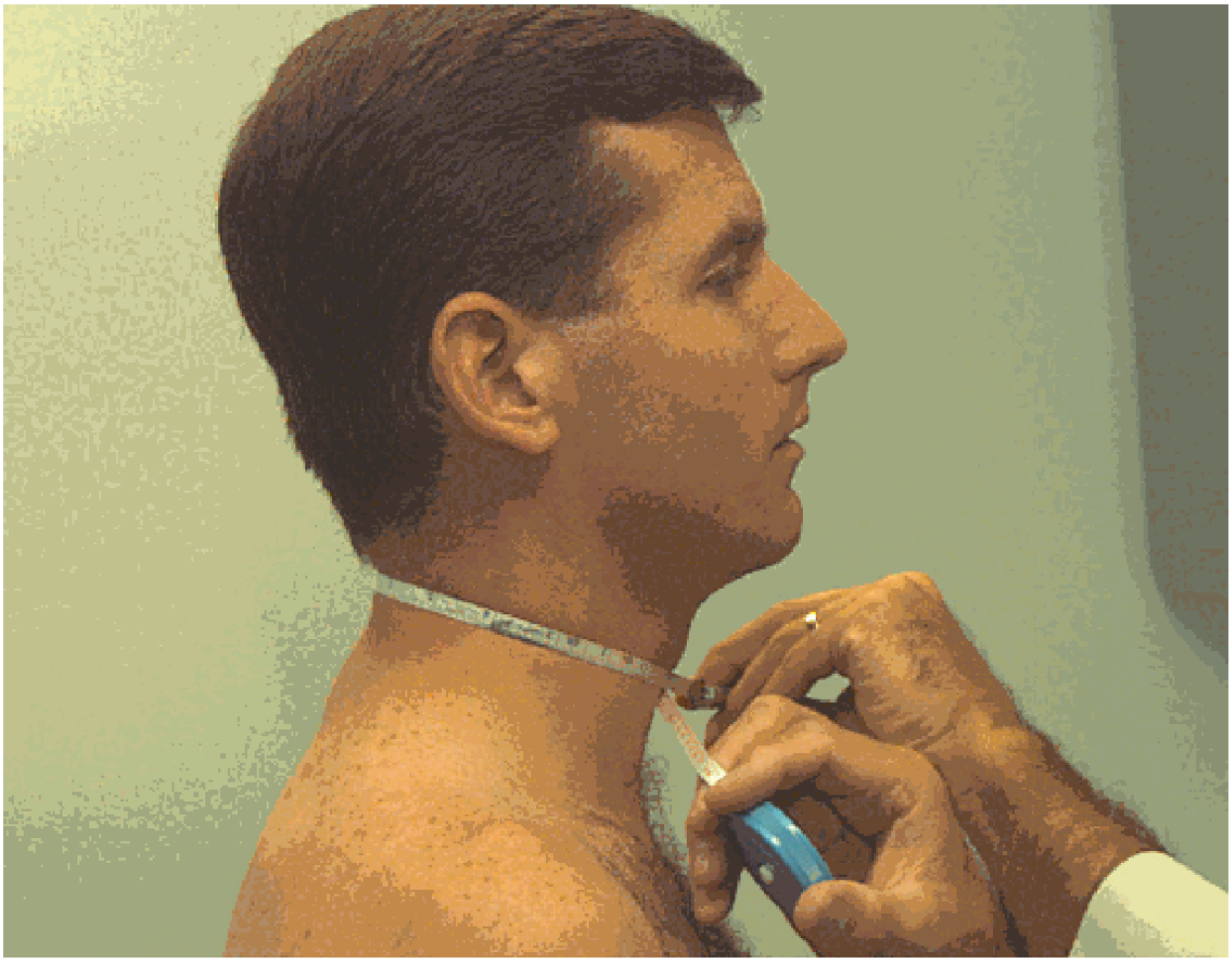


Figure A19.3. Male Waist Measurement (Frontal View).

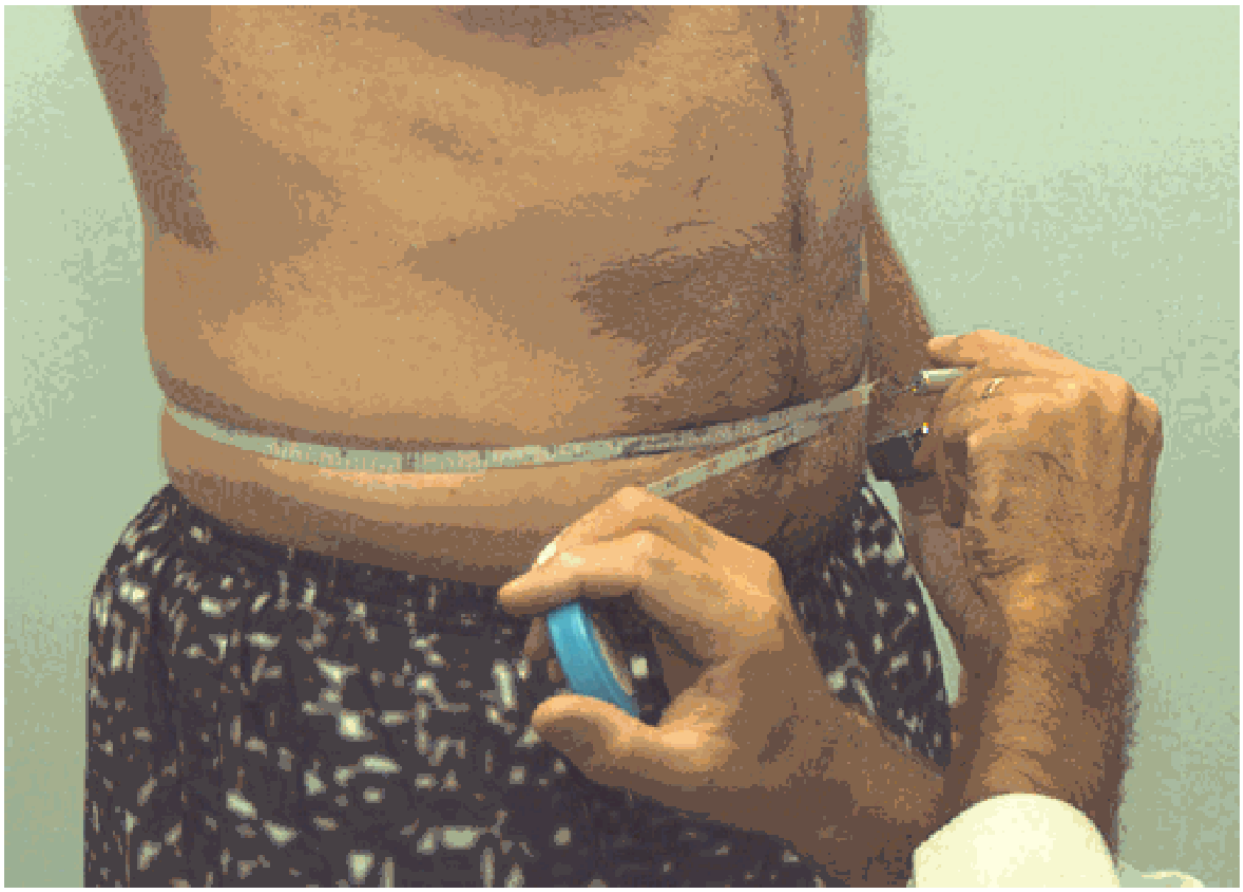


Figure A19.4. Male Waist Measurement (Side View).

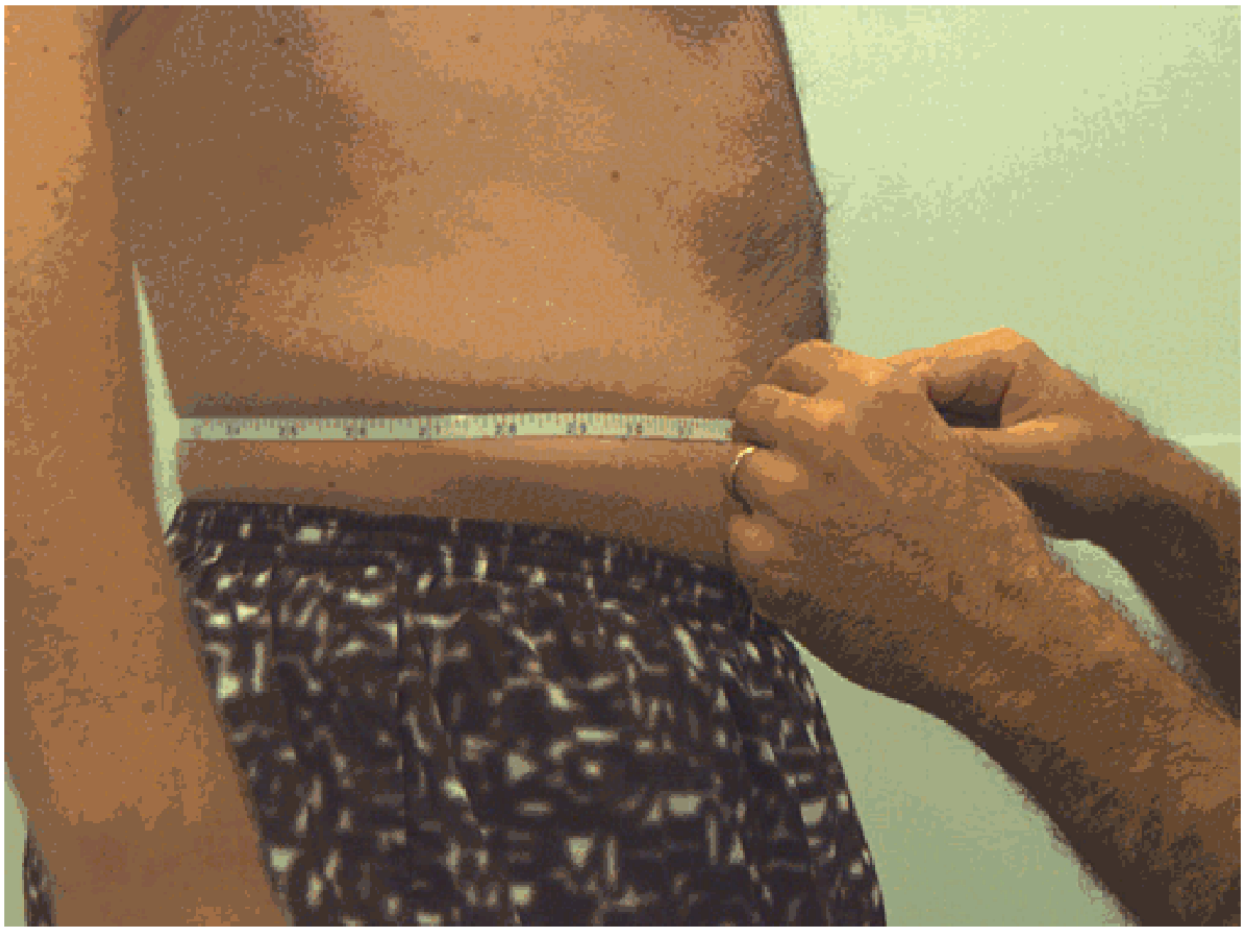


Figure A19.5. Male Waist Measurement (Back View).

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).

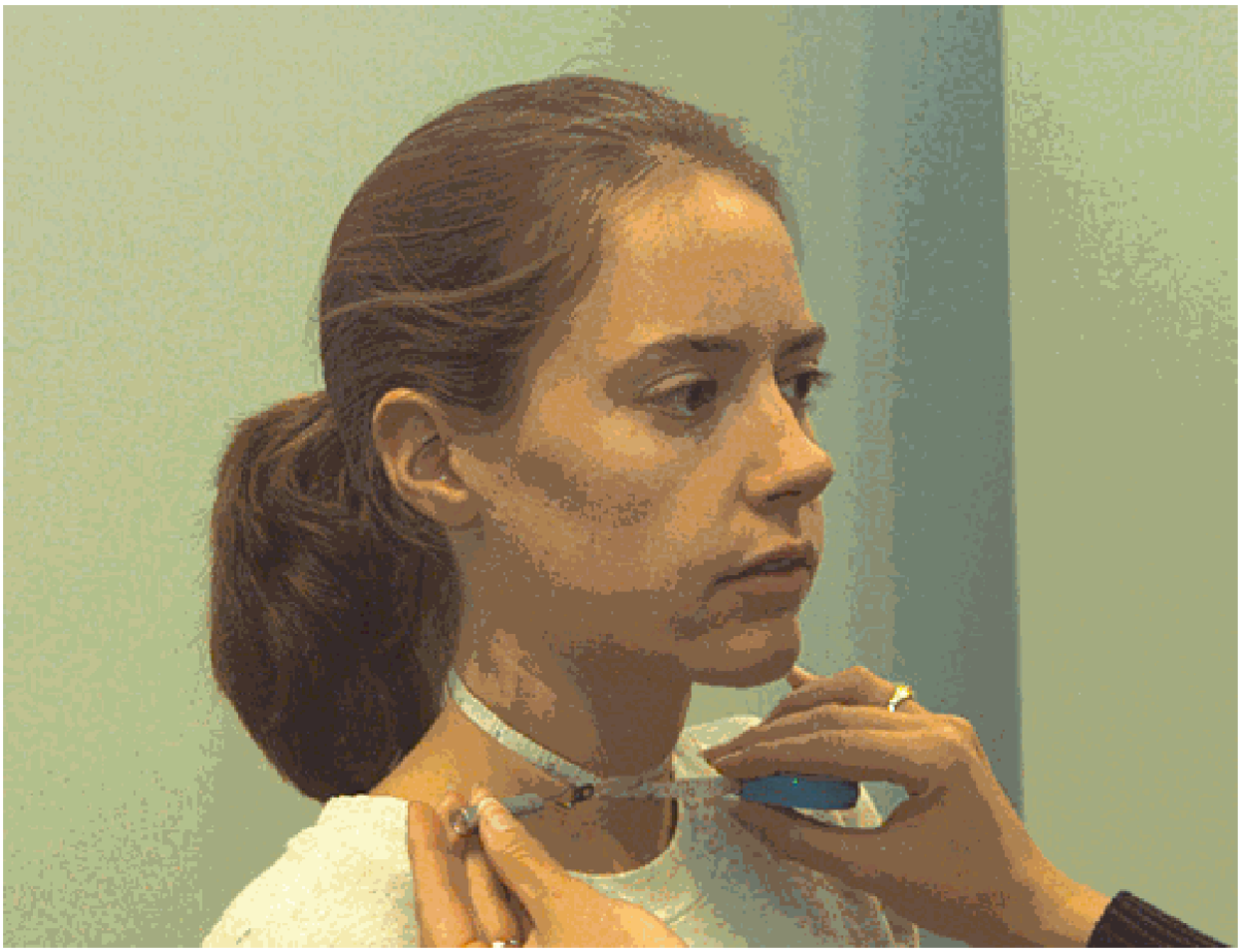


Figure A19.7. Female Neck Measurement (Back View).

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

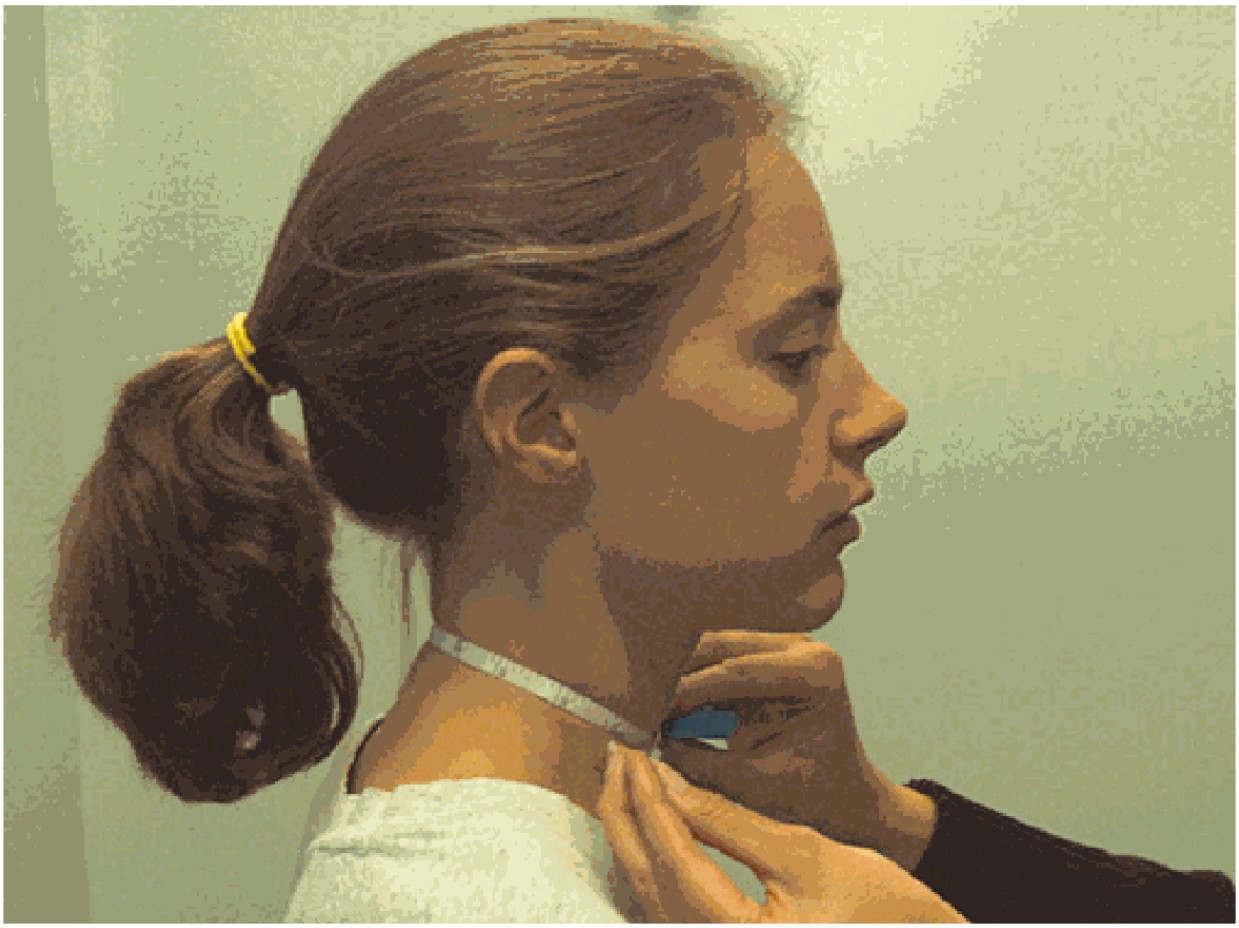


Figure A19.9. Female Waist Measurement (Frontal View).

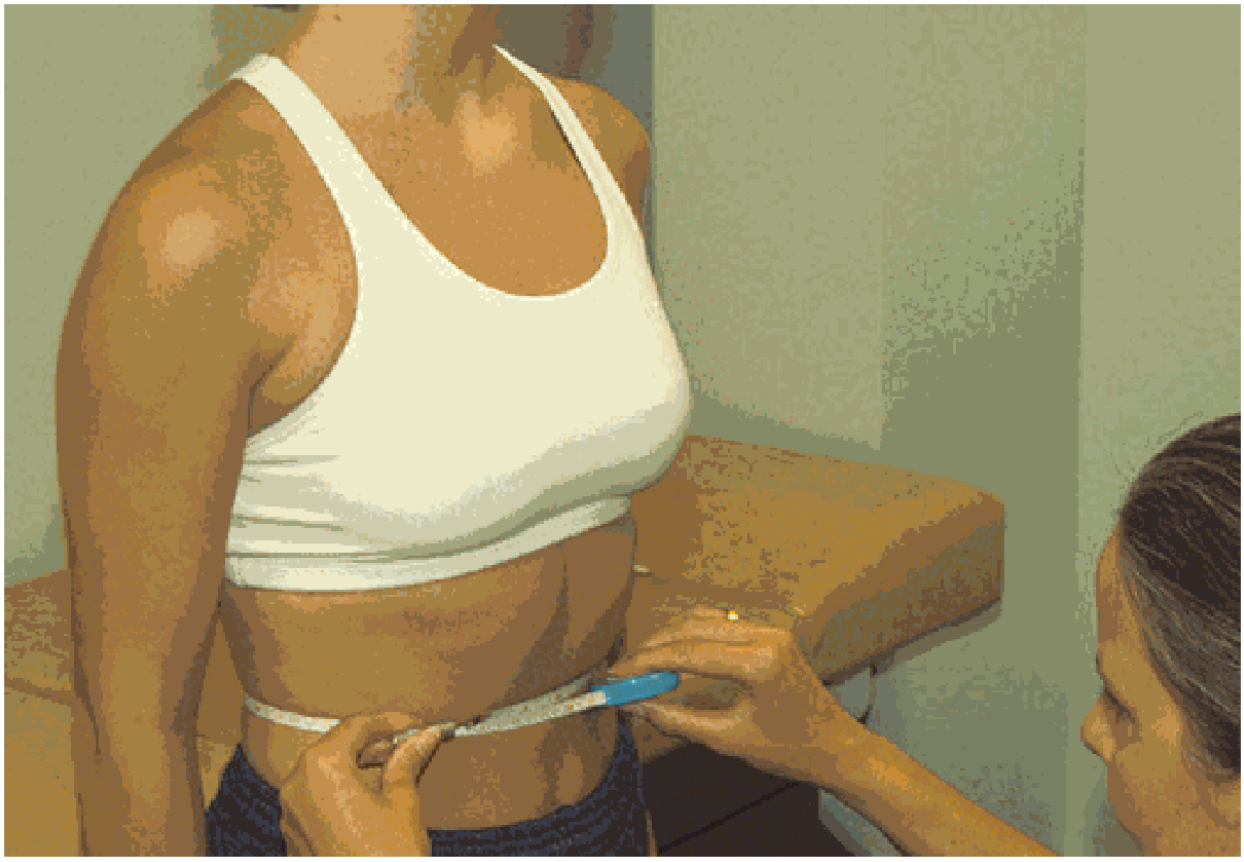


Figure A19.10. Female Waist Measurement (Side View).

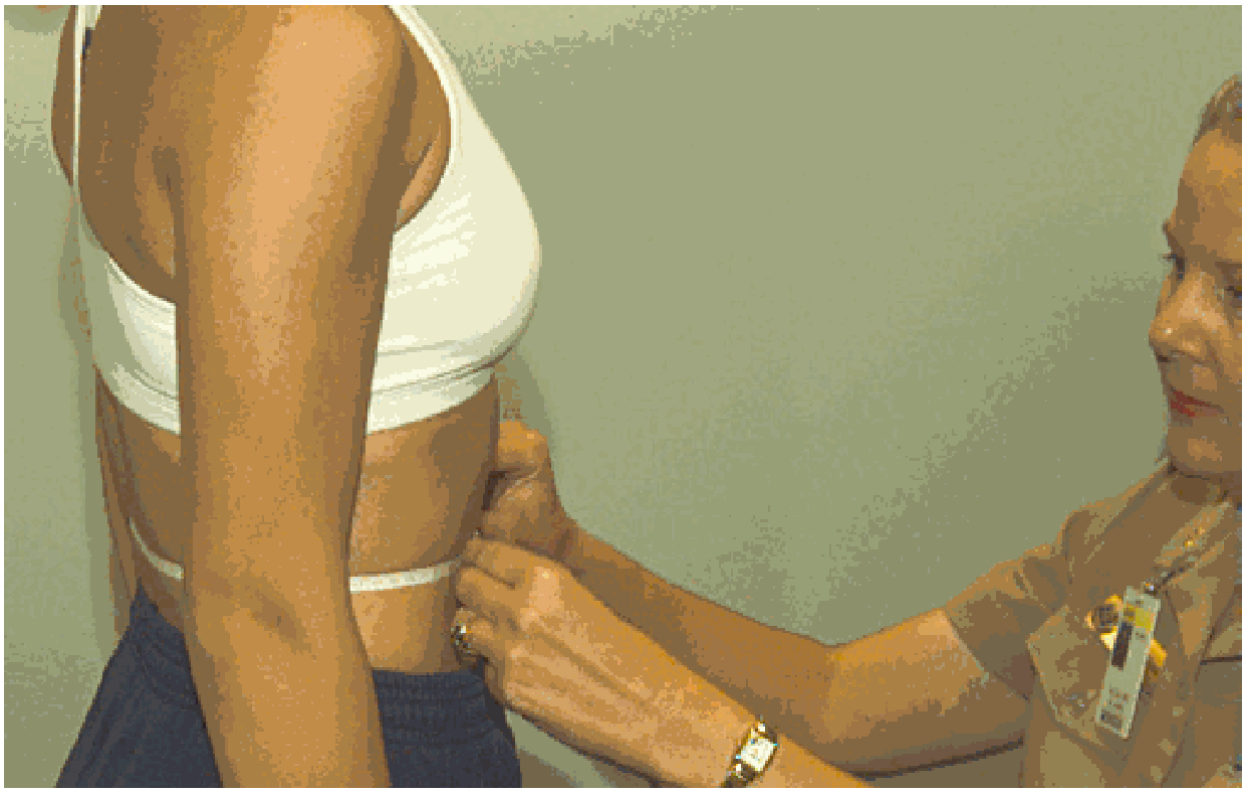


Figure A19.11. Female Buttock Measurement (Side View).

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 score of 75 points 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)