AIR FORCE SPECIAL WARFARE CD9F5 HCF : +HB9GG H9GH G7 CF975F8												
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AUTHORITY: Title 10 United States Code 9013, Secretary of the Air Force; AFMAN 36-2919, <i>Air Force Special Warfare Operator Fitness Test.</i> PURPOSE: Information is used to positively identify an individual prior to administration of the Air Force Special Warfare (AFSPECWAR) Operator Fitness Test.												
<b>ROUTINE USES</b> : In addition to those disclosures generally permitted under 5 U.S.C. 552a(b) of the Privacy Act, these records or information contained therein may specifically be disclosed												
outside the DoD as a routine u					2	,				5 1	, ,	
DISCLOSURE: Failure to pro	ovide the requested infor	rmation will res	ult in non-adminis	tration of the	e Fitness T	lest.						
			PART I.	MEMBE	R COM	IPLETES						
RANK/NAME:		UNIT:			oDID:			DUTY PHO	ONE:	AFSC:	AGE:	
la this is a Discussofia O												
Is this is a Diagnostic OFT? Is this an Official OFT?				A	Accept Diagnostic results below as Office							
YES		YES NO										
	•	PAR	T II. TEST A	DMINIS	TRATC	DR COMP	LETES					
FITNESS SCREENING OPERATOR FITNESS												
QUESTIONNAIRE (FSC		TEST (OFT) DATE:										
		/> 60 lbs (hours:mins:secs) Rest 30 minutes maximum										
					· ·	ours):(mins	,	a so minut		ninimum 20	nainta)	
No Running Watches Recommended	Dry Weight (lbs):				nine. (n	iours).(mins	s).(secs)		Points. (II	imimum 20	points)	
						•	•					
STANDING LONG JUMP (inches) Rest 1 minute minimum / 5 minutes maximum between trials and after event												
Feet Remain	Trial 1:		Trial 2:			Trial 3:			Points: (n	ninimun 8 p	oints)	
Planted Upon Landing												
PRO AGILITY DRILL (secs:tenths) Rest 1 minute minimum / 5 minutes maximum between trials and after event												
	Trial 1:	(secs)	(tenths)	Trial 2		(sec		h a \		imimum 3 p	points)	
Hand Touches Line Every Turn	Lef	•		i nai z	-	Left:	´:`	,	,		,	
-	Rigi					Right:	:		Left:		ight:	
TRAP BAR DEADLI	FTS / 3 repetition		lbs) Rest 2-3 1	ninutes b	etween t	trials. Rest	1 minute	e minimum	/ 5 minut	tes maximu	m after event	
3 Reps or Until	Trail 1:	Trial 2:	Trial 3:		Trial 4:		Trial 5:		Points: (n	ninimum 7 p	ooints)	
Technical Failure												
	S (maximum repet	itions) Dost	2 3 minutos h	otwoon tr	als Dos	t 1 minuto	minimur	n / 5 minut	tos movim	um oftor o	vont	
	<u> </u>	nions) Kest	2-5 minutes b		ais. NCS	t I mmute	mmmu	n / S mmu	1			
Max Reps Until Number of Reps: Points: (minimum 6 points										01110)		
Technical Failure									L			
FARME	R'S CARRY / 100	) yards / 2x	53lb Kettlebe	lls (secs) l	Rest 1 n	ninute min	imum / 5	minutes i	naximum	after even	it	
Split Course to 2x50 Seconds: Po									Points: (n	oints: (minimum 6 points)		
yards if Needed												
SI	<b>IUTTLE RUN RE</b>	CPEAT/ 2x3	00 vards (secs	) Rest 15	minutes	minimum	/ 30 min	utes maxin	num after	event		
Average Time for	Trial 1:		Trial 2:	,	1	Trial Averag			1	ninimum 8 p	oints)	
Score				ai 2.		That Average.						
	RATION: 1500M	COMBATI	TIN/OPFN W	ATER CO	MBAT	FIN or 1	5 mile C(	MRAT P	IIN (hour	·s·mins·soc	c)	
Side, Combat Side, or	Combat Fin:		Open Water			Combat		JUDAIN	· · ·	ninimum 16	/	
Lead Arm Trail Arm		(mins) :(secs	•	s):(mins):(			urs):(mins)	)·(secs)	1 01113. (11		points)	
Stroke	(110410)	:	(noun	: :	5000)	(100		:				
									TOTAL S	CORE		
Did Not Finish (DNF):												
			PART III.	ACKNO	WLEG	EMENT						
I acknowledge the above infor	mation reflects my perfo	ormance. I may	address issues IAV	WAFMAN 3	6-2919 on	removing AFS	SPECWAR (	OFT scores. N	OTE: Refus	al to sign does	not invalidate.	
						~			Date	-		
Operator Signature:										•		
		777 1 11 1	1 1	-	14 11 1	<i>7</i>					1. 1.11 .1	
I experienced an injury Unit/CC within 5 duty d												
next UTA for non-AGR		e 111 joi non 114		ij no reques	, to mirana							
Test Administrator				Signat	ure:				Date	:		
Rank/Name:												
Operational Fitness					Signaturo					Date:		
Training Manager					Signature:					•		
Rank/Name:												
Note: In the event of illness or					r 5 duty da	ays (myFitness	s input on 61	th duty day). I	For non-AGF	R ARC membe	r, FIM staff	
will hold scores until the next			-		- 4 4 <b>F</b>	lid /'	walid	14. 4				
I have received and c	onsidered the provide	ea medical do	cumentation and			ina /m	nvalid	J due to in	jury/illness			
Unit Commander				Signat	Signature:				Date	Date:		
Rank/Name:												
AF Form 4447 2023092	3						PRIVAC	Y ACT INF	ORMATIO	<b>DN:</b> The inf	ormation on this	
							form is C	CONTROLI		LASSIFIED	INFORMATION	