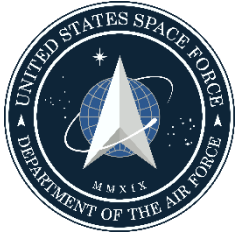


**BY ORDER OF THE SECRETARY  
OF THE AIR FORCE**

**UNITED STATES SPACE FORCE  
MANUAL 36-2905**



**26 SEPTEMBER 2025**

***Personnel***

***HUMAN PERFORMANCE  
AND READINESS***

**COMPLIANCE WITH THIS PUBLICATION IS MANDATORY**

---

**ACCESSIBILITY:** Publications and forms are available for downloading or ordering on the e-Publishing web site at [www.e-Publishing.af.mil](http://www.e-Publishing.af.mil)

**RELEASABILITY:** There are no releasability restrictions on this publication

---

OPR: S1/S1P

Certified by: SAF/MR

Pages: 67

---

This Space Force Manual (SPFMAN) implements the physical fitness requirements of Department of the Air Force Policy Directive (DAFPD) 36-29, *Military Standards* and is consistent with Department of Defense Instruction (DoDI) 1308.03, *DoD Physical Fitness/Body Composition Program*. This publication provides directive guidance for the Space Force Physical Fitness Program and Body Composition Program. This publication applies to the United States Space Force (USSF). However, some roles and responsibilities will be performed by members of the United States Air Force in the performance of their duties. This publication requires the collection and or maintenance of information protected by the Privacy Act of 1974 authorized by Department of Defense Directive (DoDD) 5400.11, DoD Privacy Program. The applicable SORN DoD-0020, Military Human Resource Records, is available at: <https://dpcl.d.defense.gov/Privacy/SORNs/>. Refer recommended changes and questions about this publication to the office of primary responsibility (OPR) using the DAF Form 847, *Recommendation for Change of Publication*; route DAF Forms 847 from the field through the appropriate functional chain of command. The authorities to waive delta or 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 Department of the Air Force Manual (DAFMAN) 90-161, *Publishing Processes and Procedures*, for a description of the authorities associated with the tier numbers. This publication may be supplemented at any level, but all supplements that directly implement this publication must be routed to the Office of Primary Responsibility (OPR) for coordination, and all Field Command (FLDCOM)-level supplements must be approved by the Human Resource Management Strategic Board (HSB) prior to certification and approval. (T-1) 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. Ensure all records generated as a result of processes prescribed in this

publication adhere to Air Force Instruction 33-322, *Records Management and Information Governance Program*, and are disposed in accordance with the Air Force Records Disposition Schedule, which is located in the Air Force Records Information Management System.

<b>Chapter 1—GENERAL INFORMATION</b>	<b>6</b>
1.1. Initial Testing Window. ....	6
1.2. Overview.....	6
1.3. Unit Human Performance and Readiness (HPR). ....	7
1.4. United States Space Force Human Performance Assessment (HPA). ....	7
<b>Chapter 2—ROLES AND RESPONSIBILITIES</b>	<b>8</b>
2.1. Chief of Space Operations (CSO). ....	8
2.2. Assistant Secretary of the Air Force for Manpower and Reserve Affairs (SAF/MR). ....	8
2.3. Deputy Chief of Space Operations for Personnel (SF/S1). ....	8
2.4. Space Force Military Policy and Management Directorate (SF/S1P). ....	8
2.5. Space Force Quality of Life and Resilience Directorate. (SF/S1Q). ....	8
2.6. Director of Plans and Integration (AF/A1X). ....	9
2.7. The Department of the Air Force Surgeon General (DAF/SG). ....	9
2.8. Air Force Personnel Center (AFPC). ....	9
2.9. Installation Commander. ....	10
2.10. Delta Commander (or equivalent). ....	11
2.11. Medical Group/Unit Commander and Primary Care Manager Team. ....	11
2.12. Force Support Squadron. ....	12
2.13. Unit Commanders/Director. ....	12
2.14. Unit Fitness Cell (UFC). ....	13
2.15. Delta Fitness Manager (DFM). ....	13
2.16. Unit Fitness Cell Manager (UFCM). ....	14
2.17. Human Performance Assessment (HPA) Administrator. ....	15
2.18. Unit Body Composition Manager (BCM). ....	15
2.19. Peer Fitness Leaders (PFL). ....	16
2.20. Guardian Resilience Teams (GRT). ....	16
2.21. Member. ....	17

<b>Chapter 3—HUMAN PERFORMANCE ASSESSMENT (HPA)</b>	<b>19</b>
3.1. General.....	19
3.2. The components of the HPA are Muscular Strength, Muscular Endurance, and Cardiorespiratory Fitness.....	19
3.3. Human Performance Assessment (HPA) Administration.....	19
3.4. Fitness Screening Questionnaire (FSQ).....	20
3.5. Extenuating Circumstances.....	20
3.6. Human Performance Assessment (HPA) Composite Score. ....	20
3.7. Scoring.....	20
Table 3.1. Walk Standards (2 Kilometer). ....	21
3.8. Frequency of Human Performance Assessment (HPA).....	21
Table 3.2. HPA Frequency.....	23
3.9. Currency.....	23
3.10. Illness or Injury.....	23
3.11. Course Requirements for 2.0 Mile Run, 2 Kilometer Walk, and 20-Meter-High Aerobic Multi-Shuttle Run (HAMR).....	24
3.12. Course and Track Safety and Environmental Conditions.....	24
3.13. Official Human Performance Assessment Procedures. ....	25
<b>Chapter 4—EXEMPTIONS</b>	<b>28</b>
4.1. Exemptions.....	28
4.2. Medical HPA Component Exemption (Muscular Strength, Muscular Endurance & Cardiorespiratory).....	28
4.3. Composite Exemption.....	28
4.4. Pregnancy.....	28
4.5. Deployment.....	29
4.6. Retirements and Separations.....	29
4.7. Space Force Active Status – Non-Sustained Duty (SFAS-NSD). ....	29
4.8. Extended Duration Duty Limiting Conditions.....	30
4.9. Airman Medical Readiness Optimization Board (AMRO).....	30
4.10. Permanent Change of Station (PCS).....	30
Table 4.1. Exemptions.....	31
4.11. Installation/GSU/Detachments HPA Waivers. ....	31

<b>Chapter 5—TRAINING REQUIREMENTS</b>	<b>33</b>
5.1. Unit Fitness Cell Manager (UFCM) Training. ....	33
5.2. HPA Administrator. ....	33
5.3. Peer Fitness Leader (PFL) Training.....	33
5.4. Fitness Improvement Program (FIP). ....	33
<b>Chapter 6—SPECIAL POPULATIONS</b>	<b>35</b>
6.1. Students and Accessions. ....	35
6.2. Geographically Separated Unit or Member. ....	35
6.3. Exceptions.....	35
<b>Chapter 7—SYSTEMS MANAGEMENT</b>	<b>36</b>
7.1. myFitness. ....	36
7.2. myFitness User Groups.....	36
7.3. Admin. ....	36
7.4. Senior Management. ....	36
7.5. Delta Fitness Manager (DFM). ....	36
7.6. Commander.....	36
7.7. Unit Fitness Cell (UFC). ....	36
7.8. Unit Fitness Cell Manager (UFCM). ....	36
<b>Chapter 8—ADMINISTRATIVE AND PERSONNEL ACTIONS</b>	<b>38</b>
8.1. Adverse Personnel Actions. ....	38
8.2. Prohibited Actions. ....	38
8.3. Authorized Actions.....	38
8.4. Military Separations. Refer to DAFI 36-3211 Military Separations.....	38
8.5. HPA Appeals. ....	39
Table 8.1. HPA Appeal Procedures. ....	40
8.6. Correcting Administrative Errors on Human Performance Assessment Scores in myFitness. ....	40
<b>Chapter 9—BODY COMPOSITION ASSESSMENT (BCA)</b>	<b>41</b>
9.1. General.....	41
9.2. Standard. ....	41
Figure 9.1. Health Risk Categories. ....	41
9.3. Frequency.....	41
9.4. Procedures.....	41

<b>Chapter 10—EXEMPTIONS</b>	<b>43</b>
10.1. Exemption Types. ....	43
10.2. Medical. ....	43
10.3. Pregnancy.....	43
10.4. Deployment.....	43
10.5. Retirements and Separations.....	43
10.6. Unit Commander (or equivalent).....	44
Table 10.1. Exemptions. ....	44
<b>Chapter 11—BODY COMPOSITION PREVENTION, EDUCATION, AND INTERVENTION</b>	<b>45</b>
11.1. Prevention and Education. ....	45
11.2. Guardian Resilience Teams. ....	45
11.3. Unit Commander (or equivalent).....	45
11.4. Body Composition Manager (BCM). ....	45
11.5. Body Composition Improvement Program (BCIP) Enrollment. ....	46
11.6. Body Composition Improvement Program (BCIP) Requirements. ....	46
11.7. BCIP Responsibilities and Follow-up.....	46
11.8. Support and Resources.....	46
<b>Chapter 12—SPECIAL POPULATIONS</b>	<b>47</b>
12.1. Students and Accessions. ....	47
12.2. Geographically Separated Unit or Member. ....	47
<b>Chapter 13—SYSTEMS MANAGEMENT</b>	<b>48</b>
13.1. MyBodyComp/MyFitness. ....	48
<b>Attachment 1—GLOSSARY OF REFERENCES AND SUPPORTING INFORMATION</b>	<b>49</b>
<b>Attachment 2—HUMAN PERFORMANCE ASSESSMENT VERBAL INSTRUCTIONS</b>	<b>53</b>
<b>Attachment 3—ALTITUDE TIME CORRECTION FOR 2.0 MILE RUN, 2.0 KILOMETER WALK, AND 20-METER HAMR</b>	<b>59</b>
<b>Attachment 4—WRITTEN ORDER HPA ADMINISTRATORS</b>	<b>61</b>
<b>Attachment 5—ADMINISTRATIVE AND PERSONNEL ACTIONS</b>	<b>63</b>
<b>Attachment 6—SAMPLE MEMORANDUM FOR MEDICAL EVALUATION FOLLOWING MULTIPLE HEALTH CONCERN HUMAN PERFORMANCE ASSESSMENT</b>	<b>65</b>

## Chapter 1

### GENERAL INFORMATION

**1.1. Initial Testing Window.** Guardians will enter an initial phase without testing, which remains in effect until 1 January 2026. Unit commanders, in collaboration with Unit Fitness Cells (UFC), must schedule and ensure the completion of each Guardian's initial Human Performance Assessment (HPA) between 1 January and 30 June 2026.

**1.2. Overview.** Guardians must be prepared to gain and sustain space superiority, critical to the ability to project Joint Force combat power, employ offensive and defensive capabilities to deter and when necessary, defeat aggressors, and secure our Nation's interests. As such, Space Force Human Performance standards must be clear, mission-focused, and reflective of the unique physical and cognitive demands placed on Guardians. The United States Space Force Holistic Health Approach (HHA) is an innovative, science-based approach to health and readiness that emphasizes all eight domains of Total Force Fitness (TFF): social, physical, financial, spiritual, preventive care, environmental, nutritional, and psychological. HHA builds skills to promote shared protective factors and optimize overall health, increase positive behaviors, and maintain a higher level of individual and unit readiness across all echelons of influence. HHA is comprised of two elements: Public Health Capacity and Human Performance and Readiness (HPR). Public Health Capacity is the primary prevention and public health arm of HHA and is focused on facilitating a culture of healthy behaviors and strengthening connections (across the installation and in the local community), quality of life, readiness, and retention. HPR is a science-based capability that promotes continuous purposeful physical activity to optimize physical readiness, mental acuity, injury prevention, and performance optimization. Guardian Resilience Teams (GRTs) operationalize HHA and consist of permanent multidisciplinary subject matter experts embedded where Guardians work. GRTs implement prevention strategies at the individual, unit, family, and community level to prevent risk and increase positive behaviors.

1.2.1. Physical fitness and body composition military standards are mandated by DoDI 1308.03, *DoD Physical Fitness/Body Composition Program*. The goal of HPR is to empower and incentivize Guardians to achieve and maintain optimal physical readiness, health and performance. HPR provides commanders with tools to establish, maintain, and increase individual and unit readiness, and reinforce our culture of warfighting excellence and fitness.

1.2.2. Leaders at all levels will incorporate physical fitness into their recurring battle rhythm and prioritize physical fitness, health, and performance to meet both employed-in-place and expeditionary mission requirements. **(T-1)** HPR promotes the primary physical fitness readiness elements of cardiorespiratory fitness, muscular fitness, and body composition of each member. In conjunction with consistent HPR and individual fitness training, the Human Performance Assessment (HPA) provides leaders and Guardians with a tool to monitor physical fitness.

1.2.3. Every Guardian must be committed to their holistic health, investing in generating and maintaining the physical and mental fitness the demands of warfare requires- 365 days a year. Space operations require warriors who are fit to fight, resilient, and possess the stamina and prowess to prevail against our adversaries.

### **1.3. Unit Human Performance and Readiness (HPR).**

1.3.1. Unit HPR implementation is an integral part of the Space Force mission and will be executed by commanders, senior enlisted leaders, and supervisors as a part of the official duty day. **(T-1)** The program promotes aerobic/muscular fitness and optimal body composition of each member in the unit and is the backbone of the Space Force HPR. Fitness for Guardians is not a recreational activity. It will be integrated into the normal daily operations and schedules for individuals and units as a necessary investment in Guardian readiness and all attempts will be made to not alter or impact official duty day requirements or shift schedules. **(T-2)**

1.3.2. Unit level HPR programming must be organized and scheduled by non-commissioned and commissioned officers. Certified Peer Fitness Leaders (PFL) are recommended (not mandated) to lead utilizing guidelines and programs set forth by the GRTs to develop general fitness and reduce the risk of injuries. **(T-1)**

1.3.3. Activities should be organized at the lowest level feasible to maintain mission requirements while encouraging esprit de corps.

1.3.4. Activities can be performed individually or in small groups to accommodate members' schedules.

1.3.5. Frequency and duration: Minimum of 3 days per week, for 60 minutes of physical fitness activities per day.

### **1.4. United States Space Force Human Performance Assessment (HPA).**

1.4.1. Human Performance Assessment (HPA). The Space Force HPA consists of muscular fitness, and cardiorespiratory fitness components to measure the effectiveness of HPR. The physical fitness components and requirements are informed by exercise and medical science and based on accepted general physical fitness standards.

1.4.2. Resources. Refer to Human Performance Resources by the Consortium for Health and Military Performance (CHAMP) for additional guidance on how to lead a healthy life, improve quality of life, longevity, and maximize performance, readiness, and productivity.

## Chapter 2

### ROLES AND RESPONSIBILITIES

**2.1. Chief of Space Operations (CSO).** Directs the implementation of the HPR, that includes the USSF Physical Fitness Program and USSF Body Composition Program and renders final decision on policy proposals related to this SPFMAN.

**2.2. Assistant Secretary of the Air Force for Manpower and Reserve Affairs (SAF/MR).**

2.2.1. Provides policy oversight and advocacy of HPR, reviews and coordinates on all HPR policies, and oversees HPR to ensure compliance with existing legislation and policies.

2.2.2. In coordination with the Deputy Assistant Secretary for Reserve Affairs and Member Readiness (SAF/MRR), oversees HPR and ensures compliance with existing legislation and policies.

**2.3. Deputy Chief of Space Operations for Personnel (SF/S1).**

2.3.1. Develops, coordinates, and implements HPR guidance with execution managed through the Director of Military Policy and Management (SF/S1P).

2.3.2. Consults with SAF/MR, Air Force Surgeon General, and AF/A1 on physical fitness and body composition standards.

2.3.3. Collaborates with the AF/A1 Digital Transformation Activity and Air Force Personnel Center/Directorate for Technology and Information (AFPC/DP0) on software updates (myFSS/myBodyComp/MyFitness) for Space Force-specific requirements (Space Force Analysis & Systems; SF/S1A).

2.3.4. Collaborates with DAF/SG, Directorate of Services (AF/A1S), Office of The Judge Advocate General (AF/JA), and Chief Master Sergeant of the Space Force (CMSSF) on matters related to the HPR and reports findings to S1.

**2.4. Space Force Military Policy and Management Directorate (SF/S1P).**

2.4.1. Establishes and maintains policy for HPR, providing guidance for effective implementation and administration.

2.4.2. Collaborates with SF/S1Q for completion of the Annual Service Physical Fitness and Body Composition Report.

2.4.3. Coordinates on all Tier 1 waiver requests,

2.4.4. Processes and approves non-tiered waivers.

**2.5. Space Force Quality of Life and Resilience Directorate. (SF/S1Q).**

2.5.1. Provides subject-matter expertise on all matters relating to HPR.

2.5.2. Provides technical assistance to GRTs to enable implementation of HPR.

2.5.3. Oversees the strategy for building skills across the career cycle of a Guardian to promote protective factors and increase positive behaviors.

2.5.4. Consults with GRT Delta Fitness Managers (DFMs) who oversee HPR for their area of responsibility.

2.5.5. Coordinates, and proposes physical fitness and body composition requirements, policies, and guidance through the Military Force Management Policy Division Chief (SF/S1PP).

2.5.6. Provides expertise and support to SAF/MR and DAF/SG regarding medically related policy issues related to HPR.

2.5.7. Collaborates with Air Force Research Laboratory (AFRL) to assess HPR.

2.5.8. Ensures education and skill-building across all domains of Total Force Fitness are incorporated into HPR.

2.5.9. In collaboration with SF/S1P, prepares and delivers HPR outcome data (e.g., Annual OSD report, Congressional Reports, etc.).

**2.6. Director of Plans and Integration (AF/A1X).** Provides software development and administration for HPR, through the A1 Digital Transmission Activity in collaboration with Space Force S1A.

**2.7. The Department of the Air Force Surgeon General (DAF/SG).**

2.7.1. Identifies and advises S1 on the medical requirements in the *DoDI 1308.03, Physical Fitness/Body Composition Program*.

2.7.1.1. Will employ procedures to address duty limiting conditions for injury, pregnancy, or other temporary medical limitations and be responsible for approving exercise programs with the GRTs after medical consultation.

2.7.1.2. Will use the DAF Form 469, Duty Limiting Condition Report, to identify and outline medical conditions and the related limitations which impact the training and testing of Guardians.

2.7.1.3. Directs medical requirements as it pertains to this SPFMAN through the appropriate medical agency (e.g., Defense Health Agency, AFMEDCOM, 711<sup>th</sup> Human Performance Wing).

2.7.1.4. Establishes and reviews procedures for assessing body composition.

2.7.1.5. Provides oversight for any medical counseling and examination policy related to physical fitness and body composition risk categories supporting HPR.

2.7.1.6. Develops educational materials and information related to physical fitness and body composition.

2.7.1.7. Collaborates with SF/S1P on administrative matters and policy changes that may impact the HPR.

2.7.1.8. Evaluates medical requirements in accordance with IAW SPFI 10-201, *Force Readiness Reporting* and submits findings to SF/S1P for inclusion in the Annual Service Physical Fitness and Body Composition Report.

2.7.1.9. Coordinates with SF/S1 on policies and programs that promote physical fitness.

**2.8. Air Force Personnel Center (AFPC).**

2.8.1. Serves as the execution authority for this publication; implements and disseminates guidance and procedures.

- 2.8.2. Advises SF/S1P on the execution of physical fitness matters.
- 2.8.3. Collaborates with SF/S1P on process matters and changes that may impact the overall HPR and provides program metrics as required. Evaluates annual physical fitness reports and submits findings with a recommendation to SF/S1P.
- 2.8.4. Manages the Fitness Assessment Appeals Board process.
- 2.8.5. Provides physical fitness related advisories to the Air Force Board for the Correction of Military Records.
- 2.8.6. Collaborates with the A1 Digital Transformation Activity on software updates and issues pertaining to HPR.
- 2.8.7. Renders decision on Space Force user access requests to myFitness in conjunction with Air Force Services Center (AFSVC). Provides Senior Management User roles to authorized personnel.
- 2.8.8. Provides updates to AFPC Public Affairs (AFPC/PA) on HPR information.
- 2.8.9. Special Programs (AFPC/DPPSA) processes and approves non-tiered items.
- 2.8.10. Provides inputs for Systems Management (e.g., myFitness) user and user guides as needed in conjunction with AFRC, ANG, and AFSVC for HPR and this SPFMAN.
- 2.8.11. Director for Technology and Information (AFPC/DPO) collaborates with the A1 Digital Transformation Activity (DTA) on software updates (myFSS/myFitness).
- 2.8.12. AFPC/DPPSA facilitates SF/S1Q directed updates to knowledge articles on myFSS and the Air Force Personnel Center Public Affairs (AFPC/PA) website.
- 2.8.13. Special Programs (AFPC/DPPSA) processes and approves non-tiered items.
- 2.8.14. AFPC/DPPSA provides guidance and execution regarding implementation and administration of HPR.
- 2.8.15. Provides Senior Management User roles to authorized personnel. Renders decision on Space Force user access requests to myFitness in conjunction with Air Force Services Center (AFSVC).
- 2.8.16. Provides input for Systems Management (e.g., myFitness) user and user guides as needed for USSF.

## **2.9. Installation Commander.**

- 2.9.1. Provides appropriate manpower, facilities, equipment, resources, and funding to support the Force Support Squadron (FSS) in support of HPR.
- 2.9.2. Renders decisions on all cardiorespiratory assessment courses (2.0-mile run, 20-meter HAMR, and 2-kilometer walk) after collaboration with the local Civil Engineering Squadron (CES), Force Support Squadron (FSS), and Air Force Safety office; and files approval memorandum with the Unit Fitness Cell (UFC). **Note:** Tracks/Courses remain certified until superseded.
- 2.9.3. Implements certification and recertification of cardiorespiratory component tracks or courses. Certification and recertification must be in conjunction with local CES, FSS, and Air Force Safety office established procedures.

2.9.4. Plans, programs, and budgets training to support installation programs, to include Unit Fitness Cell (UFC), Unit Fitness Cell Manager (UFCM) and Peer Fitness Leader (PFL) training and the Fitness Improvement Program (FIP) education and intervention program.

2.9.5. Coordinates with the host Military Treatment Facility (MTF)/DHA to establish medical support for HPR, to include space-available access to FIP, UFC, and PFL training.

## **2.10. Delta Commander (or equivalent).**

2.10.1. Oversees and provides support for HPR and ensures compliance with this SPFMAN.

2.10.2. Establish local policy for subordinate commanders to implement HPR during the duty day in accordance with [paragraph 1.3](#).

2.10.3. Provides an environment that supports holistic health, fitness, and readiness practices and culture.

2.10.4. Oversee the appeals process of HPAs in accordance with [paragraph 8.5](#).

2.10.5. Periodically reviews UFC operations to ensure augmented personnel are effectively utilized.

2.10.6. Establishes guidance for subordinate unit commanders for HPR and ensures compliance.

2.10.7. Appoints a Delta Fitness Manager (DFM).

2.10.8. Authorized to direct HPA testing, to include testing the entire unit at once, individual testing, or testing in smaller groups. Squadrons commanders (or equivalent) will determine the dates and months for their unit HPA, if applicable. Members who miss group HPAs will be assessed by HPA Administrators in their Unit Fitness Cell (UFC).

## **2.11. Medical Group/Unit Commander and Primary Care Manager Team.**

2.11.1. Ensures Military Treatment Facility (MTF) or Guard Medical Unit (GMU) providers receive initial and annual refresher training on duty limiting conditions and the completion of DAF Form 469 IAW AFI 48-133, *Duty Limiting Conditions*. (Guardians may require Deployment Availability (DAV) codes if receiving a *Duty Limiting Condition*.)

2.11.2. Ensures MTF providers meet requirements of DoDI 1308.03, *DOD Physical Fitness/Body Composition Program* to include documentation of physical limitations for HPAs and physical conditioning and provides medical oversight for adaptive exercise programming using the DAF Form 469.

2.11.3. Ensure providers meet requirements as outlined in AFI 48-133, *Duty Limiting Conditions*, that supports requirements as outlined DoDI 1308.03, *DOD Physical Fitness/Body Composition Program*. **(T-0)**

2.11.4. Evaluates members to determine and document whether a medical condition precludes a member from meeting the body composition and physical fitness standards set by this SPFMAN. Assesses members identified as high risk to identify medical conditions/medications that may be impacting fitness and weight management efforts to aid in Individual Action Plan (IAP) development. Complete comprehensive evaluations for members and provide resources and opportunities for behavior and lifestyle changes as the primary solution to support health, resilience, longevity, and performance.

2.11.5. Protected health information and commander notification follow Department of Defense Manual (DoDM) 6025.18, *Implementation of the Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule in DOD Health Care Programs* and MTF local procedures.

2.11.6. Ensures Airman Medical Readiness Optimization Board (AMRO) oversight. The AMRO Board will review and evaluate a member for physical fitness or body composition exemptions to provide a medical recommendation for a commander decision IAW DAFMAN 48-133, paragraph 2.7.

## **2.12. Force Support Squadron.**

2.12.1. Oversees the function and management of Fitness and Sport Centers.

2.12.2. Ensures adequate facilities and other resources are available to support physical fitness operations at home station and deployed locations.

## **2.13. Unit Commanders/Director.**

2.13.1. Establish an environment that supports, encourages, and motivates a healthy lifestyle through coordination with the GRT.

2.13.2. Directs, and supports unit leadership to implement unit HPR, as directed by this SPFMAN.

2.13.3. Incorporate HPR as an integral part of mission requirements or each duty day and all attempts will be made to not alter or impact official duty day requirements or shift schedules. Guardian fitness is not a recreational activity and will be included within the normal daily operations and schedules for individuals and units.

2.13.4. Establish and enforce unit HPR and ensure appropriate corrective action is taken in cases of non-compliance.

2.13.5. Establish a Unit Fitness Cell(s) (UFC), based on Delta need/population, or establish a host tenant agreement that allows for HPA administration for GSUs.

2.13.6. Appoint individuals to the UFCs, in writing, to fulfill the following roles:

2.13.6.1. Delta Fitness Manager (DFM)

2.13.6.2. Unit Fitness Cell Managers (UFCM)

2.13.6.3. Peer Fitness Leader (PFL)

2.13.6.4. Body Composition Managers (BCMs)

2.13.6.5. HPA Administrators

2.13.7. Notify the servicing medical treatment facility when they become aware of any changes in a member's medical status. including any medical condition that occurred during the HPA and/or prevented the member from completing the HPA.

2.13.8. Track FIP members' compliance with program requirements, documenting both successful completion and instances of non-compliance. Advise members to contact their local GRT to discuss program specifics.

2.13.9. Direct members with medical exemptions having physical limitation for longer than 30 days to the FIP, in accordance with their exercise plan (excludes perinatal populations).

2.13.10. Refer members who have had four component exemptions in one or more components within a 24-month period to the AMRO. **Note:** Excludes medical conditions such as pregnancy. **Example:** Member is exempt from two HPA components on initial assessment. Upon reassessment member is exempt from two HPA components (same or different); member meets requirement for referral to AMRO. A composite exemption would meet the four HPA component exemptions referral.

2.13.11. Unit Commander/Director will confer with GRT to render a discharge or retention recommendation, when a member has received four Health Concern HPAs in a 24-month period. Recommendation should include assessment of progress towards significant improvement (as determined by the commander and with advisement by GRTs); military medical provider assessment to rule out medical conditions precluding the member from achieving a passing HPA. Unit commanders may coordinate with other commanders to create a multi-unit UFC. (e.g., small units may form one UFC that assesses multiple PAS Codes).

## **2.14. Unit Fitness Cell (UFC).**

2.14.1. Comprised of a UFCM, PFL(s), BCM(s), and HPA Administrators

2.14.2. UFC members must maintain an HPA score of 72 points or higher and meet BCA requirements as outlined in this SPFMAN.

2.14.3. Oversee the operation of the unit HPA program and ensure all procedures are in compliance with this SPFMAN.

2.14.4. Provides HPA refresher training to augmentees as necessary and prior to administering HPAs. Refresher training includes an overview of proper assessment procedures that must be completed prior to administering any HPAs. Documents PFL training, and current CPR training for UFC augmentees.

2.14.5. Coordinates with the GRT on all matters related to HPR, HPA, FIPs, and BCIPs.

## **2.15. Delta Fitness Manager (DFM).**

2.15.1. Each Delta commander appoints a non-commissioned officer (NCO) as the Delta Fitness Manager (DFM). The DFM then leads all Unit Fitness Cells (UFCs) within that Delta.

2.15.2. Coordinates with the Delta commander on the appointment of all UFC staff, including:

2.15.2.1. Unit Fitness Cell Manager

2.15.2.2. Peer Fitness Leader(s) (PFL)

2.15.2.3. HPA administrators (augmentees)

2.15.3. Must successfully complete BCM training with the GRT.

2.15.4. Appoints and trains BCMs for program execution, policy, and training development.

2.15.5. Updates myBodyComp/MyFitness with corrections resulting from administrative errors.

2.15.6. Grant access to myBodyComp/MyFitness for roles/duties under HPR upon receipt of the following documents: a completed DD Form 2875 (System Authorization Access Request), a user agreement, and signed appointment letters from the Delta Fitness Manager (DFM), Body Composition Manager (BCM), Unit Fitness Cell Managers (UFCMs), and Peer Fitness Leaders (PFLs). Maintain documentation for all appointed positions in accordance with the Records Disposition Schedule.

2.15.7. Serves as AF/A1 Digital Transformation Activity point of contact on software (myFSS/myBodyComp/MyFitness).

2.15.8. Ensures all UFCMs, PFLs BCMS, and HPA administrators are trained.

2.15.9. Ensures all portions of the HPAs are administered in accordance with **Chapter 3**.

2.15.10. Files completed written orders (**Attachment 4**) for all UFC Staff.

2.15.11. Ensures HPAs are only administered by individuals appointed as a PFL, HPA Administrator, GRT Strength and Conditioning Coach, or GRT Physical Therapist.

2.15.12. Maintain a current HPA of 72 points or higher. Failure to comply with will void HPA appointments, unless documented due to injury or illness, by the Commander. To be reinstated as a DFM a member must achieve an HPA of 72 points or above and re-accomplish necessary training.

2.15.13. Provides fitness metrics and unit status reports to the Delta commander and other leaders monthly. Reports the following current statistical data in accordance with DoDI 1308.03 on HPAs.

## **2.16. Unit Fitness Cell Manager (UFCM).**

2.16.1. Appointed by unit commander in collaboration with DFM. Must be NCO or above (including APF-funded civilian equivalents) and trained in accordance with this SPFMAN. Additional UFCMs may be of lower grade if they are working under the supervision of an NCO.

2.16.2. UFCMs ensure that unit HPR activities are led by an authorized personnel member, i.e., certified PFL or GRT. The UFCM is responsible to the unit commander for the unit HPR and serves as the liaison between the unit commander and DFM, and the UFC(s).

2.16.3. Requirements: Must maintain UFC staff training documentation and provide the following documents to the DFM: DD Form 2875, written order (**Attachment 4**), user agreement, and appointment letter.

2.16.4. Maintain an HPA of 72 points or higher. Failure to comply with will void UFCM HPA appointments, unless documented as due to injury or illness, by the Commander. For commanders to reinstate a UFCM the member must achieve an HPA of 72 points or above and re-accomplish necessary training.

2.16.5. Reviews HPA scheduling requests in myFitness and validates FSQ, DAF Form 469 status, and enters exemptions (if needed) into myFitness. Refers members with high-risk responses on the FSQ to an appropriate provider for assistance.

2.16.6. Ensures the most current DAF Form 469, listing concurrent component exemptions and expiration dates, is uploaded in myFitness, updates any exemptions (if needed), and sets the next HPA due date based on the exemption date and *Acclimatization Period*. Previous DAF Form 469 cannot be used for the HPA.

2.16.7. Ensures unit members are scheduled and approved for HPAs.

2.16.8. Enters HPA scores into myFitness within five (5) duty days of HPA. The completed FSQ, DAF Form 4446, and DAF Form 469 (if applicable) will also be uploaded into myFitness.

2.16.9. Informs members of FIP requirements.

2.16.10. UFCMs must inform the commander and appropriate supervisor for any member with an initial or subsequent failing HPA, and initiate DAF Form 108, *Department of the Air Force Fitness Education and Intervention Processing*, in MyFitness.

2.16.10.1. For members receiving four Health Concern HPAs within a 24-month period, whose medical records review by a military health care provider ruled out medical conditions precluding a member from achieving a Health Maintenance HPA, the UFCM will notify the unit commander, who will then make a discharge or retention recommendation. **Example:** member is exempt from two HPA components on initial assessment. Upon reassessment member is exempt from two HPA components (same or different). A composite exemption would meet the four HPA component exemptions referral.

## **2.17. Human Performance Assessment (HPA) Administrator.**

2.17.1. Members appointed by the commander/DFM/UFCM to conduct and supervise HPAs in their UFCs.

2.17.1.1. May be a PFL, GRT Coach/PT, or appointed as an augmentee for HPA administration.

2.17.2. Maintains HPA Administrator training, provides the following documents to the UFC: Proof of HPA Administrator training, written order ([Attachment 4](#)), and current CPR training.

2.17.3. Administers all portions of the HPA in accordance with [Chapter 3](#).

## **2.18. Unit Body Composition Manager (BCM).**

2.18.1. Appointed by the unit commander. May be military or civilian (no grade restriction) trained to administer the BCA and manage the unit's BCP. Units may appoint as many BCMs as needed to meet workload for supporting male and female BCP requirements.

2.18.2. Completes required documentation and training to gain access to myBodyComp/MyFitness.

2.18.3. Administers BCA in accordance with assessment criteria prescribed in this SPFMAN.

2.18.4. Documents waist circumference and height data collected during BCA on DAF Form 108, *Department of the Air Force Fitness Education and Intervention Worksheet* and enters it into myBodyComp/MyFitness.

2.18.5. Notifies the unit commander for members in the High-Risk category.

2.18.6. Ensure Guardians who are high-risk for body composition are referred to their respective GRT Holistic Health Integrator.

## **2.19. Peer Fitness Leaders (PFL).**

2.19.1. Appointed by unit commander. May be any rank (including APF-funded civil service equivalents). **(T-2)** The PFL reports to the UFCM for the unit HPR. **Note:** NAF employees & NAF contractors, APF contractors, and ANG State employees are not authorized to support HPR.

2.19.2. Must be trained in accordance with SPFMAN to lead unit physical conditioning exercises. Will maintain an HPA of 72 points or higher. If, at any time, a PFL's HPA drops below 72 points or becomes noncurrent, the appointment will be voided. For commanders to reinstate a PFL, the member must achieve an HPA of 72 points or above and re-accomplish necessary training to be reinstated. **Note:** Civilian appointed PFLs are not required to take an HPA.

2.19.3. Must provide the following documents to the UFCM: appointment letter, and proof of training.

2.19.4. Will coordinate Unit fitness training/activities in conjunction with guidance from UFCM, Commanders, and GRT.

2.19.5. Will follow guidance from GRT related to design and execution of, delivery, and augmentation of any unit or individual strength and conditioning training.

2.19.6. Will attend periodic GRT training and/or information forums, as approved by their CC/Supervisor.

## **2.20. Guardian Resilience Teams (GRT).**

2.20.1. Serve as the Commander's subject matter experts for overall human performance, to include managing HPR, and related matters.

2.20.2. Serves as integrated and cross-functional subject matter experts across all domains of total force fitness, to include body composition and physical fitness.

2.20.3. Operationalize evidence-based holistic health approaches to teach, educate, and support Guardians to achieve holistic fitness and build skills to promote positive behaviors.

2.20.4. Must certify all UFC's unless delegated by GRT.

2.20.5. Provides UFCM, PFL, BCM certification training.

2.20.5.1. Aligns PFL training with the National Strength and Conditioning Association (NSCA) Tactical Strength and Conditioning Practitioner curriculum and includes training for HPA administrators, CPR/BLS, and BCM.

2.20.6. Provides programming, guidance, and assistance to Guardians to meet HPR.

2.20.7. Provide feedback and recommendations to commanders on Guardian health, physical fitness, injuries, and collaboration on all fitness and body composition non-compliance adjudications.

2.20.8. Develops and provides FIPs and BCIPs, leveraging MTF, PFL, and UFC capabilities.

2.20.8.1. Coordinates all adaptive strength and conditioning training for members with duty-limiting conditions outlined in a DAF Form 422, with the MTF or medical provider who issued the DAF Form 422.

2.20.9. Leverages Defense Health Agency (DHA) Health Promotion Operations approved Physical Fitness Reconditioning Program (PFRP) and CHAMP resources, where applicable. **(T-2)**

2.20.10. Test members in a BCIP in accordance with improvement plans and with terms agreed upon by both the member and the GRT.

2.20.11. Maintain a calibrated stadiometer or wall-mounted measuring device to measure height. (except the Geographically Separated Unit/Remote Guardian Virtual GRT)

2.20.12. When measuring a Guardian's weight, the GRT will do so at an approved designated location on a scale calibrated in accordance with Section 3 of Technical Order 33K-1-100-1, *Calibration Procedure for Maintenance Data Collection Codes and Calibration Measurement Summaries* and recorded to the nearest decimal.

2.20.13. Ensures that all BCAs are measured using the Multi-Ethnic Study on Atherosclerosis (MESA) method with a spring-loaded tape measure and that all PFL and BCA training includes instruction on this methodology.

## **2.21. Member.**

2.21.1. Maintains year-round physical fitness and BCP compliance in accordance with **Chapter 3**. Utilizes appointed duty time to optimize physical fitness, as authorized by their command.

2.21.2. Seeks medical evaluation or intervention if a medical condition is believed to impact their ability to complete the HPA.

2.21.3. Monitors any personal HPA exemptions, schedules all necessary medical appointments, and initiates HPA arrangements.

2.21.4. Schedules HPAs in myFitness. If unable to find available HPA options in myFitness, the member must contact their UFCM for assistance.

2.21.5. Completes FSQ in myFitness in accordance with **Chapter 3**. If walking in for an unscheduled assessment, member must complete FSQ prior to HPA. If a member identifies a medical condition on the FSQ that would limit the member from completing all components of the assessment and the member does not have a current AF Form 469 documenting exemptions, the member must notify their UFCM and schedule an appointment with their MTF as soon as possible.

2.21.5.1. If unable to complete a FSQ in myFitness, members may utilize a hardcopy FSQ.

2.21.6. Inform UFCM and/or HPA Administrator of any updates needed to be made to the FSQ between scheduling and administration of HPA.

2.21.7. Acknowledge assessment component results by signing DAF Form 4446 following completion of the HPA. Refusal to sign does not invalidate the assessment results.

2.21.8. Wears the authorized physical fitness uniform and gear to complete all exercise components of the HPA in accordance with SPFI 36-2903, *Dress and Personal Appearance of Military Personnel*. **NOTE:** There are no uniform requirements for the body composition component assessment.

2.21.9. Promptly report any medical condition(s) (e.g., disease, injury, illness, treatments) that impacts their fitness and readiness to their commander, supervisor, and supporting military medical treatment facility personnel. Commanders and supervisors are required to ensure that servicing medical treatment facility personnel are notified of a member's medical status change, including any condition that occurs during an HPA.

2.21.10. Notifies UFCM upon receiving a DAF Form 469, and any subsequent updates, with fitness restrictions and/or HPA exemptions in accordance with AFI 48-133, *Duty Limiting Conditions*. The most current DAF Form 469 will be used to determine approved components for the HPA and must list concurrent component exemptions and expiration dates. Uploads a copy of the current and most recent DAF Form 469 in myFitness when scheduling an HPA.

2.21.11. Space Force Active Status – Non-Sustained Duty (SFAS-NSD) members will ensure they are in a qualified duty status for HPA.

## Chapter 3

### HUMAN PERFORMANCE ASSESSMENT (HPA)

**3.1. General.** In conjunction with HPR and individual fitness training, the HPA provides Guardians, commanders and supervisors with a tool to assist in the determination of overall fitness and readiness of their members. The HPA uses cardiorespiratory and muscular fitness components of physical readiness. Members taking the HPA must achieve a minimum score in each of the physical components for an overall composite score of  $\geq 60$  (out of 80 total points) to be considered physically ready. **(T-1)** The Space Force BCA is age and sex agnostic, while the physical fitness components have age and sex-specific standards due to physiologic differences between the sexes. **Note:** Members are subject to the component scores based on their sex reflected in the Military Personnel Data System. **(T-1)**

**3.2. The components of the HPA are Muscular Strength, Muscular Endurance, and Cardiorespiratory Fitness.**

3.2.1. Muscular Strength component - 1-minute push-ups, or 2-minute hand release push-ups (HRPU).

3.2.2. Muscular Endurance component - 1-minute sit-ups, 2-minute cross leg reverse crunch (CLRC), or timed forearm plank.

3.2.3. Cardiorespiratory Fitness - 2.0-mile run, 20-meter-High Aerobic Multi-shuttle Run (HAMR), or 2-kilometer walk (if not medically cleared to run). **Note:** At a minimum the 2-mile run must be used for at least 1 of the 2 biannual HPAs.

3.2.4. BCA is not a scored component of the HPA and will be assessed during Guardians birth month, or as otherwise authorized, using waist-to-height ratio (WHtR) measurements.

**3.3. Human Performance Assessment (HPA) Administration.**

3.3.1. HPA Administrators will wear the uniform of the day or physical conditioning gear when administering HPAs. **(T-2)** Local leadership will establish which uniform (uniform of the day or physical conditioning gear) that must be worn in the performance of this duty. **(T-2)**

3.3.2. HPAs will only be conducted by an Administrator and no less than one other non-testing member, to ensure the integrity of the process for the unit and Guardians. **(T-1)**

3.3.3. Members must take the HPA at an authorized UFC aligned with their PAS code. **(T-2)** If a member requests to take their HPA at an alternate location, it must be approved by their UFCM and home station DFM **(T-2)** If approved to take assessment at the alternate location, the home station DFM must ensure UFC has access prior to administering the HPA to input the scores in myFitness. **(T-2)** **Note:** Local UFCs may administer HPAs for individuals not at their home station.

3.3.4. HPAs must be administered by HPA Administrators assigned at UFCs. **(T-2)** Appointed HPA Administrators will conduct HPAs, and the designated UFC will provide oversight. **(T-2)** HPA scores will be updated in myFitness by the UFCM. **(T-2)** **Exception:** Special populations in accordance with [Chapter 6](#).

3.3.5. HPA Administrators will conduct official HPAs with an Automated External Defibrillator (AED) present (within the building, or within 100 feet). **(T-1)** AEDs will remain onsite until all HPA participants leave the area. **(T-1)**

**3.4. Fitness Screening Questionnaire (FSQ).** *Members must complete the FSQ prior to their HPA.* **(T-1)** If any item on the FSQ indicates a condition which may limit performance of any component of the HPA, the member must provide a current signed AF Form 469 or not be allowed to complete the HPA. **(T-1)** Members must inform HPA Administrator if FSQ responses have changed between original submission of FSQ and execution of HPA. **(T-1)**

**3.5. Extenuating Circumstances.** If UFC staff determine extenuating circumstances prevent completion of the HPA, (e.g., rapidly changing or severe weather conditions, emergencies, injury, disorderly conduct, etc.) then all components must be rescheduled and completed at the earliest opportunity. If the extenuating circumstance is not the fault of the member, then the member's due month will be delayed to the following month. **(T-2)** **Note:** members will be required to complete the indoor 20m HAMR when weather conditions prohibit outdoor assessments, and no indoor running track is available for the 2.0-mile run.

**3.6. Human Performance Assessment (HPA) Composite Score.**

3.6.1. The categories of HPA scores when assessing all components are: Fit to Fight (72-80), Health Maintenance (60-71.9) and Health Concern (below 60) and/or any component minimum not met. **(T-1)**

3.6.2. The categories of the HPA when assessing a partial HPA (one or more exemptions) are: Passing (60-80), and Health Concern (below 60 and/or any component minimum not met). **Note:** Members assessed on the 2-kilometer walk are considered component exempt and will fall under frequency standards in accordance with [paragraph 3.8.1.3](#). **Note:** Members must be exempt from all four components to be entered as composite exempt in myFitness. **(T-1)**

**3.7. Scoring.**

3.7.1. Members achieve a composite score from 0 to 80 based on the following maximum component scores with component minimums: 50 points for Cardiorespiratory, 15 points for Muscular Endurance and 15 points for Muscular Strength.

3.7.2. The 2-kilometer walk is a pass or fail assessment for members that are medically prohibited from assessing the 2.0 mile run or 20m HAMR. No points are awarded for successful completion, nor can this assessment apply to the Fit to Fight, or Health Maintenance HPA score. If a member passes the assessment, the member will have a composite score calculated based on the assessed components in the same way the score will be calculated if the member were exempt from the cardiorespiratory component. **(T-1)**

**Table 3.1. Walk Standards (2 Kilometer).**

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

3.7.3. Composite scores are official when entered into myFitness. Any disagreements with results must be addressed in accordance with SPFMAN. **(T-1)**

3.7.4. All HPA components assessed at the same time and administered before the 16<sup>th</sup> day of the calendar month the member is due, may be counted as a Diagnostic Human Performance Assessment (DHPA). DHPA is a non-attributional assessment aimed to provide feedback and help members meet their physical fitness goals.

3.7.5. After completing the HPA and receiving the composite score from the Administrator, the member may elect to accept the result as either their HPA or DHPA. **(T-2)**

3.7.6. A member will have no more than three (3) DHPA logged within a 365-day period. **(T-2)** If a member has logged three (3) DHPAs within 365 days, this option is not available, and they must accept the results of the HPA. **(T-2)**

3.7.7. If a member accepts results as a DHPA, it will still be entered into myFitness, but without the results. **(T-3)** Only after a member elects to count the HPA as their official test will the results be recorded in MyFitness. **(T-3)**

3.7.8. Scoring for members with exemptions. Members with a DAF Form 469 exempting them from performing one or more components of the HPA will have a composite score calculated only on the assessed components. **(T-2)** **Note:** Members assessed on the 2-kilometer walk are considered component exempt and will fall under frequency standards in accordance with [paragraph 3.8.1.3](#).

### **3.8. Frequency of Human Performance Assessment (HPA).**

3.8.1. The required frequency of an official HPA is based on the current fitness score and is synced to a calendar month, not a specific day. Members must take HPAs before the last day of the due month to remain current. **(T-3)** Members may volunteer to perform an HPA in earlier months provided they meet exemption requirements in [Chapter 4](#) (if applicable). **(T-1)** Commanders will not direct members to take their official HPAs prior to their due month. **(T-1)**

3.8.1.1. Guardians are required to take the HPA every six months. Guardians can test no sooner than five months after the last scored HPA and no later than seven months after the last scored HPA.

3.8.1.2. Fit to Fight (72-80) to Health Maintenance (60-71.9) – All members scoring from 60-80 without any component exemptions will be due again in 6 months. **(T-1)** (e.g., if a member receives a Fit to Fight on 15 April, then the member's next due month is October). **Note:** Members who meet the 2 kilometer walk standard in **Table 3.1**, are not eligible for this category.

3.8.1.3. Passing: All members assessed with one or more HPA Component Exemption (Muscular Strength, Muscular Endurance or Cardiorespiratory) or assessing on the 2-kilometer walk and scoring (60-80) will be due again in 3 months (e.g., if a member receives a Passing score on 15 April, then member's due month is July of the same year).

3.8.1.4. Health Concern (below 60). All members scoring Health Concern will be due again in 3 months (e.g., if member receives a Health Concern on 15 April, then the member's due month is July of the same year). **(T-1)** It is the member's responsibility to ensure they retest before the end of the 3rd month as non-currency begins on 1st calendar day of the 4th month. Members require commander's approval to test earlier than the 3rd calendar month. **(T-3)**

3.8.1.5. Component Exemptions. All members who receive a Passing score that have any component exemptions in accordance with **Chapter 4** will retest (all components) after the expiration of the exemption, plus the *Acclimatization Period* in accordance with **paragraph 3.8.1.7**, or based on the passing result, whichever comes earlier.

3.8.1.6. Composite Exemptions. Members that are on a composite exemption will have their HPA due date set to the month after the *Acclimatization Period* in accordance with **paragraph 3.8.1.7** after the expiration of DAF Form 469. **(T-1)**

3.8.1.7. Acclimatization Period. This period is to ensure members safely adjust to a change in environmental or physical conditions. Acclimatization periods are granted when a member is away from their Home Station where an increase in altitude, change in climate, or time zone greater than two hours is present for more than 21 consecutive days (e.g., climate change, altitude), and/or after exemption types listed in **Chapter 4**. During this time, members may not be mandated to take an HPA but may volunteer to do so. Calculation of the Acclimatization period is determined by counting the 3 calendar months from the day *after* returning to duty/from restrictions. **(T-2)** **Note:** SFAS-NSD personnel may only receive an Acclimatization Period for 21 consecutive days away from Home Station at the discretion of their commander. If SFAS-NSD members have a large elevation change from their residence to their HPA location will follow guidance in accordance with **Chapter 3**.

3.8.1.7.1. Example 1: Member's exemption expires (or returns to area after 21 days away) on 31 January. Calculate from 1 February, so the Acclimatization Period would be February/March/April and member's due month would be May.

3.8.1.7.2. Example 2: Member's exemption expires (or returns to area after 21 days away) on 30 January. Calculate from 31 January, so the Acclimatization Period would be January/February/March and member's due month would be April.

**Table 3.2. HPA Frequency.**

Category	Points	Next HPA due
Fit to Fight	72-80	6 months
Health Maintenance	60-71.9	6 months
Health Concern	below 60	3 months
Component Exemptions	After the expiration of exemption, plus <i>Acclimatization Period</i>	
Composite Exemptions	After the expiration of exemption, plus <i>Acclimatization Period</i>	

**3.9. Currency.** Currency is established by the members' most recent HPA. A member is current when they fall into one of the below categories. If a member does not meet the criteria in the categories below, the member is not current.

- 3.9.1. Performed a Fit to Fight HPA within the last 6 months.
- 3.9.2. Performed a Health Maintenance HPA within the last 6 months.
- 3.9.3. Performed a Health Concern HPA within the last 3 months.
- 3.9.4. Presently under a Composite Exemption

### **3.10. Illness or Injury.**

- 3.10.1. Members will inform their chain of command regarding the injury or illness during the HPA or immediately after the HPA, situation dependent. **(T-1)** If needed, HPA Administrator will document the illness or injury using DAF Form 4446 and the UFC staff will sign the form acknowledging that the HPA will be held pending medical evaluation and the unit commander's review. **(T-1)**
- 3.10.2. UFC staff will transmit a copy of the DAF Form 4446 indicating injury/illness to the UFCM for the unit commander's review within two duty days of the HPA. **(T-2)**
- 3.10.3. UFC will enter the HPA results in myFitness on the 6th duty day if the member does not seek an MTF evaluation. **(T-2)** If the injured/ill member has a pending MTF appointment, UFC will wait to enter the HPA results until the 6th duty day after the appointment.
- 3.10.4. If the medical evaluation validates the illness or injury, the Unit Commander may invalidate the HPA results by checking the "I render this assessment invalid" block of the DAF Form 4446, signing, and returning the form to the UFC.
- 3.10.5. If the HPA is invalidated, the member's new due month will be the following calendar month from the invalidation date. **(T-2)**

### **3.11. Course Requirements for 2.0 Mile Run, 2 Kilometer Walk, and 20-Meter-High Aerobic Multi-Shuttle Run (HAMR).**

3.11.1. Establish standard courses of accurate distance that are as level and even as possible. All courses and tracks may be used at the discretion of Delta Commander; however, they must be certified in accordance with USA Track & Field guidelines and in conjunction with local CES, FSS, and DAF Wing Safety established procedures in addition to the requirements in this chapter. **(T-2)** The installation commander (or GSU equivalent) will recertify running surfaces after damage, modification, or repair. **(T-2) Note:** Tracks/Courses remain certified until superseded.

3.11.1.1. If a standardized 400-meter track is used for:

3.11.1.2. The 2.0-mile run: Eight laps plus 62 feet.

3.11.1.3. The 2-kilometer walk: Five laps.

3.11.1.4. If non-standardized 400-meter track or alternative route is used:

3.11.1.5. Course should have limited exposure to traffic, should not have a continuous incline or decline or rolling hills; and avoid slopes exceeding two degrees.

3.11.1.6. If using a road course, where possible, start and finish should be at the same location, with start and finish lines (and half-way point for road courses) clearly marked.

3.11.1.7. Basketball courts are not authorized for 2.0mile run and 2 kilometer walk assessments. **(T-2)**

#### **3.11.2. 20-meter HAMR Course Requirements.**

3.11.2.1. Two lines measured 20 meters apart at both end points of the lines with enough room for the member to safely slow down. The lines may be permanently or temporarily marked.

3.11.2.2. Surface must be flat, dry, slip resistant, and free of trip hazards. **(T-1) Note:** (Grass/gravel surfaces are not authorized. Indoor court surfaces are authorized and need to be measured by UFC staff.)

3.11.2.3. Any alternative location (e.g., Tennis court, hangar, turf, etc.) outside of indoor courts or approved 2.0 miles/2 kilometer walk course/track must be approved by the Installation Commander in conjunction with local CES, FSS, and Air Force Wing Safety's established procedures in addition to the requirements in this chapter. **(T-2)**

3.11.2.4. Only trained and authorized personnel will monitor participants' completion of the course, counting laps or shuttles, and recording results. **(T-1)**

3.11.2.5. Indoor tracks may be used at the discretion of Delta leadership; however, the track must be certified with the same standards within this chapter. **(T-1)**

### **3.12. Course and Track Safety and Environmental Conditions.**

3.12.1. Snow: No snow/ice accumulation on the running surface.

3.12.2. Water (surface): No standing water that a large group cannot easily avoid on the running surface.

3.12.3. Mud: No mud on the running surface that cannot be easily avoided.

3.12.4. Light: Reflective belts or vests are required if running near traffic from one hour before sunset to one hour after sunrise.

3.12.5. Intersections: Crossing guards with reflective safety vests and/or lights must be positioned at all active intersections. **(T-2)**

3.12.6. Medical: An Automated External Defibrillator (AED) present (within the building, or within 100 feet). **(T-2)** AEDs will remain onsite until all HPA participants leave the area. **(T-1)**.

3.12.7. All HPA sites must have connectivity to support contact emergency services or the ability to call 911.

3.12.8. Consult with base environmental engineering, base weather, or civilian agencies to determine the following environmental conditions before beginning any component assessment outdoors. **Note:** Devices used to measure wet or dry bulb globe temperature must be certified by bio environmental or civilian agencies. **(T-2)**

3.12.8.1. Rain: No significant rain. Significant rain is defined as measurable 0.10 of inch per hour or more.

3.12.8.2. Lightning: No lightning within five nautical miles and wait at least 30 minutes after the last observed lightning.

3.12.8.3. Hail: No hail forecasted or reported within 25 miles.

3.12.8.4. Wind Speed: Max wind allowed  $\leq 15$  mph sustained, or  $\leq 20$  mph gusting.

3.12.8.5. Cold Stress: Air temperatures must be  $> 34$  degrees Fahrenheit, including wind chill. **(T-1)** Heat Stress: Wet bulb globe temperature must be used at the start of the HPA, but even more importantly during the aerobic component (should be  $\leq 86$  degrees Fahrenheit). Dry bulb globe temperature must be used for geographical locations where relative humidity is  $\leq 40\%$  (should be  $\leq 90$  degrees Fahrenheit). **(T-1)**

3.12.8.6. Visibility: Must be greater than  $\frac{3}{4}$  mile if near vehicular traffic. **(T-1)**

### **3.13. Official Human Performance Assessment Procedures.**

3.13.1. Prior to all HPAs an FSQ must be completed and reviewed by UFCM. **(T-1)** The HPA Administrator will not assess anyone without required FSQ documentation. **(T-1)** Member must inform HPA Administrator if FSQ responses have changed between original submission of FSQ and execution of HPA. If a member is a walk-in (unscheduled assessment), the UFC Staff reviews FSQs completed the day of the assessment and notifies the UFCM of any member with high-risk responses for referral to a health care provider. **(T-2)**

3.13.2. Official assessment component order: Muscular Strength, Muscular Endurance, and Cardiorespiratory Fitness. **(T-3)** HPA Administrators will read verbal instructions in [Attachment 2](#) verbatim and demonstrate proper exercise technique prior to administering the HPA, unless an instructional video is shown, if available. **(T-2)**

3.13.3. Timing Devices. HPA Administrator is responsible for operating two timing devices (one primary, one back-up - cell phones not authorized). The HPA Administrator will start the timing device when the member is instructed to begin and observe the component. HPA Administrators may notify the member how much time remains or has elapsed at appropriate intervals.

3.13.4. Counting and Monitoring. HPA Administrators will never conduct HPAs alone and will ensure at least one other non-testing member present, at a ratio of no more than 12 members for each HPA Administrator to monitor. **(T-1)**

3.13.5. When multiple members are performing assessments, the HPA Administrator may pair them off and use them as HPA Monitors. HPA Administrator will oversee and spot-check techniques to ensure accurate and safe assessment. **(T-2)**

3.13.6. HPA Monitors will count the number of successful repetitions out loud. If the member breaks correct form, the HPA Monitors repeat the last correct number (e.g., one, two, three, three, four), as well as give instructions on what was done incorrectly. **(T-1)**

3.13.7. Completion and Recording. Upon completion of the assessment, HPA Administrator will record the total number of correct repetitions performed or time completed. **(T-1)**

3.13.7.1. At the conclusion of each component exercise, the HPA Administrator will inform the member of the number of repetitions or time accomplished for the component. If the member would like to dispute the result, they must inform the HPA Administrator prior to proceeding to the subsequent component. **(T-3)** If no resolution is made, members should indicate they dispute the result on the DAF Form 4446. Disputing of one component will not stop additional components from being assessed.

3.13.8. Members will complete one option from all three remaining components (Cardiorespiratory Fitness, Muscular Strength, and Muscular Endurance), unless medically exempt on a current AF Form 469. **(T-1)**

3.13.9. All HPA physical components (Cardiorespiratory Fitness, Muscular Strength, and Muscular Endurance) must be completed within a 3-hour window from start of first component until final component completion. **(T-1)**

3.13.10. A minimum rest period of five (5) minutes is required between test components. Members may voluntarily waive the minimum rest period but must accept their test results in that case. **(T-2)**

3.13.10.1. Muscular Strength Component. Strength is measured with one-minute timed push-ups or two-minute hand release push-ups.

3.13.10.2. Muscular Endurance Component. Endurance is measured with a one-minute timed sit-up, two-minute cross leg reverse crunch or timed forearm plank.

3.13.10.3. Cardiorespiratory Component. Cardiorespiratory fitness is measured with 2.0 mile run or 20-meter HAMR on a certified track or course, in accordance with [paragraph 3.11](#). **(T-1)** The 2-kilometer walk is only authorized if medically indicated on a DAF Form 469. **(T-1) Note:** Members assessed on the 2-kilometer walk are considered component exempt and will fall under frequency standards in accordance with [paragraph 3.8.1.3](#).

- 3.13.10.3.1. When performed at elevation levels of 5,250 feet or higher, refer to the altitude adjustment chart at [Attachment 3](#).
- 3.13.10.3.2. Pacers are permitted during the Cardiorespiratory Components if they are requested by the member and there is no physical contact with the member or hindrance to other runners.
- 3.13.11. Members have one opportunity to complete each of the HPA components per assessment. **(T-1)** If a member refuses to complete their HPA due to failing to meet the minimum in one or more components, their incomplete HPA will be recorded as a “Did Not Finish” HPA. **(T-1)**
- 3.13.12. If a member becomes ill or injured during the conduct of any portion of the HPA they are to notify the HPA Administrator immediately.
- 3.13.13. After completion of the HPA, the HPA Administrator records the HPA results and signs the DAF Form 4446 and obtains the member’s signature. **(T-2)** HPA Administrator provides a copy of the results to the member for their personal records. **(T-2)** If the member disputes the recorded results, they should mark the “Dispute results” section, which notes the dispute but that does keep the HPA results from being entered into myFitness. Members may appeal results in accordance with [paragraph 8.5](#). **Note:** Use of the DAF Form 4446 is mandatory. Locally produced scorecards are not authorized. **(T-1)**

## Chapter 4

### EXEMPTIONS

**4.1. Exemptions.** Exemptions are categorized as Composite, HPA Component, and HPA Exercise Modality for a limited time period in accordance with [Table 4.1](#).

4.1.1. Exemptions for medical reasons are documented on an DAF Form 469. Members who receive medical care from an outside source must coordinate with the MTF/GMU for consideration and documenting relevant issues on a DAF Form 469, *Duty Limiting Condition Report*, in accordance with AFI 48-133, *Duty Limiting Conditions*. (T-1)

4.1.2. Guardians receiving an exemption (component, composite, or modality) must consult with their GRT/provider to formulate a plan for appropriate fitness and physical activity, during the period of limited physical activity.

**4.2. Medical HPA Component Exemption (Muscular Strength, Muscular Endurance & Cardiorespiratory).**

4.2.1. When a member is exempt from one or more components of the HPA they will be assessed on remaining components. If a member receives a Medical HPA Component Exemptions, the next HPA frequency will be based on the Passing/Health Concern.

4.2.2. Medical HPA Exercise Modality Exemption from one or more within a component (Push-up, HRP, Sit-up, CLRC, Timed Plank, 2.0 Mile Run, 20-meter HAMR).

4.2.2.1. If a Medical HPA Exercise Modality Exemption is given for a specific exercise, the member must choose a different exercise from the same category if cleared to be assessed on them (e.g., If member has a DAF Form 469 exempting them from the sit-up but clears them for the CLRC and/or Timed Plank, the member must select the CLRC or Timed Plank exercise). (T-1) If the member is able to be assessed on one exercise per component, the next HPA frequency will be based on their composite score.

4.2.3. The 2 kilometer walk assessment is only authorized if stated on the DAF Form 469. **Note:** Members assessed on the 2-kilometer walk are considered component exempt and will fall under frequency standards in accordance with [paragraph 3.8.1.3](#).

**4.3. Composite Exemption.** A member is exempt from all components of the HPA. Medical. Members that are prohibited from completing all physical components (Muscular Strength, Muscular Endurance & Cardiorespiratory) of the HPA. The next HPA due date will be set to the month after the *Acclimatization Period*, in accordance with [paragraph 3.8.1.7](#) after the expiration of the DAF Form 469. (T-1)

**4.4. Pregnancy.** Members are prohibited from completing HPA while pregnant but are encouraged to maintain appropriate physical fitness activities, per their medical providers' direction and recommendation. Post-partum HPA will be due the 13th month after delivery for a pregnancy lasting 20 weeks or more. (T-1) Medical Providers will make a determination for pregnancies fewer than 20 weeks. (T-1)

**4.5. Deployment.** Members deployed on a contingency or exercise deployment or on military personnel appropriation orders in direct support of a contingency operation will have their home station UFCM enter this exemption into myFitness when their current HPA expires. The exemption will be valid for the remaining duration of the deployment and set the next HPA due date to the month after the *Acclimatization Period* in accordance with [paragraph 3.8.1.7](#) after arriving back at their home station. In deployed/TDY locations where there is an established installation UFC or Air Force FAC, the member is authorized to voluntarily conduct an HPA. Members may volunteer to be assessed during either the post-deployment or *Acclimatization Period* but cannot be directed to do so. **NOTE:** In the case that a member becomes due upon return from deployment but is in the acclimatization period, the deployment exemption may be used.

**4.6. Retirements and Separations.** All members that have an approved order of separation or retirement date are exempt from taking any additional HPAs. The order must be uploaded in myFitness. If the retirement or separation order is cancelled, members will complete the HPA accordance with their original HPA cycle (e.g., 3 or 6 months) or, if the original cycle month has passed the due month will be after an *Acclimatization Period* in accordance with [paragraph 3.8.1.7](#) after the cancellation. **(T-2)**

4.6.1. Medical Exemption Documentation. DAF Form 469. Providers will list physical limitations and HPA exemptions on the DAF Form 469. **(T-1)**

4.6.2. When providers list which, HPA exercises the member cannot perform, they must also list which HPA exercises members are authorized to be assessed on. **(T-1)** **Note:** Only the most current DAF Form 469 will be applied to the next HPA and must be written with all component exemptions and expiration dates (to include concurrent DAF Form 469s).

4.6.3. Only MTF/GMU providers will make the final disposition for any physical limitation(s). **(T-1)**

4.6.4. Members who receive medical care from an outside source must provide documentation to MTF/GMU for consideration for documenting, as applicable, on a DAF Form 469 in accordance with AFI 48-133. **(T-1)**

4.6.5. A member with a DAF Form 469, lasting any length of time, must maintain HPA currency standards on remaining cleared components. **(T-1)**

4.6.6. The pertinent medical provider, as signed on the DAF Form 469, will determine the expiration date of the exemption(s). **(T-1)** This date is when the member is medically cleared to begin an unrestricted physical conditioning program and is used to compute the *Acclimatization Period*. The provider will coordinate with the Guardian's GRT to develop an adaptive exercise program that the member must participate in for the length of the restriction to avoid sedentary behavior. Guardians are required to meet with the GRT bimonthly either virtually or in person for the duration of the exemption. **(T-2)** The provider will document the modified exercise program on the DAF Form 469. **(T-1)**

**4.7. Space Force Active Status – Non-Sustained Duty (SFAS-NSD).** Members with physical limitations that prevent participation in fitness activities and/or prevent a member from completing a full HPA will provide medical documentation from their Personal Care Provider (PCP) to the MTF/GMU.

4.7.1. The MTF/GMU will issue a DAF Form 469, as appropriate, addressing each component of the HPA and. The MTF/GMU will review DAF Form 469 and issue to the member's UFCM and Commander. The member then completes their HPA on the approved DAF Form 469. (T-1)

4.7.2. The use of certain medications to treat underlying medical or psychological disorders, or inability to engage in physical activity, may contribute to increased body fat but are not by themselves considered sufficient justification for an exemption or non-compliance with this manual. (T-1)

**4.8. Extended Duration Duty Limiting Conditions.** Members unable to perform one or more components of the HPA will be medically reviewed during the annual Physical Health Assessment, at a minimum, and referred to the Airman Medical Readiness Optimization (AMRO) Board for evaluation as appropriate in accordance with AFI 48-133. (T-1)

**4.9. Airman Medical Readiness Optimization Board (AMRO).** UFCMs will identify members who have had four component exemptions in one or more components with Medical HPA Component Exemption (Muscular Strength, Muscular Endurance & Cardiorespiratory) in accordance with [paragraph 4.2](#) within a 24- month period. (T-1) The UFCM will notify the unit commander, who will, in turn, request the Chief of Aerospace Medicine or ARC Medical Liaison Officer review the case at the AMRO Board. (T-1) The AMRO Board will review and evaluate the member to make a recommendation in accordance with DAFMAN 48-123. (T-1) **Note:** Members who received Medical HPA Exercise Modality Exemptions in accordance with and are able to complete alternative exercises do not need to be referred to the AMRO Board.

**4.10. Permanent Change of Station (PCS).** PCSing members must have a current HPA that does not expire through the report not later than date (RNLTD). (T-2) If the current HPA expires prior to the member's RNLTD, the member must complete an HPA before departing their losing duty station. (T-2)

4.10.1. Members are allowed the Acclimatization Period in accordance with [paragraph 3.8.1.7](#) from the date they arrived on station to complete an HPA, however, this does not keep a member from being delinquent if they failed to complete a required HPA prior to executing a PCS move.

4.10.2. If a member is PCSing during an Acclimatization Period, the existing composite exemption will be extended through another Acclimatization Period from the day after they arrived on station.

**Table 4.1. Exemptions.**

<b>Type</b>	<b>Definition</b>	<b>Paragraph</b>
Medical HPA Component Exemption	Muscular Strength, Muscular Endurance & Cardiorespiratory	<b>4.2.1.</b>
Medical HPA Exercise Modality Exemption	Push-up, HRP, Sit-up, CLRC, Timed Plank, 2.0 Mile Run, 20-meter HAMR	<b>4.2.2.1</b>
Medical (Composite)	A member is exempt from all components of the HPA	<b>4.3.</b>
Pregnancy (Composite)	Members are prohibited from completing HPAs while in this status but are encouraged to maintain a physical fitness routine.	<b>4.4.</b>
Deployment (Composite)	Members deployed for less than one year on contingency exercise deployment or military personnel appropriation orders in direct support of a contingency operation.	<b>4.5.</b>
Non- Participation (Composite)	<b>(SFAS-NSD Only)</b> Member is placed in a voluntary or non-voluntary (no pay/no points) Inactive Ready Reserve (IRR) status.	<b>4.7.</b>
Retirements/Separations (Composite)	Members have an approved retirement or separation order date. If the retirement or separation order date is cancelled, members will complete the HPA in accordance with their original HPA cycle	<b>4.6.</b>
<b>Note:</b> Commanders and UFCMs are not authorized to provide exemptions for any other reasons outside of Table 4.1.		

**4.11. Installation/GSU/Detachments HPA Waivers.**

4.11.1. Climate. During periods of continuous extreme climate conditions, the installation/Delta/GSU/Detachment commanders may authorize a waiver to exempt outdoor cardiorespiratory assessments if an appropriate indoor facility is not available. This waiver will only apply for the Cardiorespiratory and not Muscular Strength and Muscular Endurance Components. **(T-2)**

4.11.2. Commanders must specify the period of time their location is unable to complete the outdoor assessment safely. **(T-2)** Any approved installation waiver will be extended to all tenant units physically located on the installation. **(T-2)**

4.11.3. When waiver is in effect, all assigned members must be assessed on the 20-meter HAMR Cardiorespiratory component if an indoor course is certified in accordance with [paragraph 3.10](#) (unless exempt on DAF Form 469).

4.11.4. Unique circumstances. In the event HPAs cannot or should not be accomplished due to unexpected unique circumstances (e.g., air quality, wildfires, natural disasters, pandemic, etc.), commanders should suspend HPAs at their discretion. **(T-2)**

4.11.5. Commanders must specify the period of time their location will not conduct HPAs and establish new due months for members that were due during that period. **(T-2)**

4.11.6. Approved waivers must be submitted to FLDCOMS/S1s (or equivalent), AFPC/DPPSA, and S1/S1PP **(T-1)**

4.11.7. Exemptions will be updated in myFitness by Service Component Administrators.

## Chapter 5

### TRAINING REQUIREMENTS

**5.1. Unit Fitness Cell Manager (UFCM) Training.** UFCM is a position appointed by unit commanders in accordance with [paragraph 2.16](#). The role is administrative and does not require Peer Fitness Leader training.

5.1.1. Completion of UFCM training is provided by installation DFM and GRT. UFCM Training templates are provided by GRTs.

5.1.2. UFC personnel are required to undergo UFCM training in compliance with GRT standards.

**5.2. HPA Administrator.** Members appointed by the commander to conduct and supervise HPAs in their UFCs.

5.2.1. HPA Administrator training must be administered by the GRT. **(T-2)**

5.2.2. Current certification of Hands-on Basic Life Support (or equivalent) and CPR/AED from a nationally certified source. **(T-1)**

**5.3. Peer Fitness Leader (PFL) Training.** PFLs are positions appointed by the unit commander in coordination with the DFM. The PFL serves as the centralized point of contact for physical fitness, leading unit HPR, and in coordination with the GRT, facilitates FIP and BCIP actions. PFL training is being administered by the GRT. **(T-2)**

5.3.1. Current certification of Hands-on Basic Life Support (or equivalent) and CPR/AED from a nationally certified source. **(T-1)**

5.3.2. PFL training is based on core components of the National Strength and Conditioning Association (NSCA), Tactical Strength and Conditioning Practitioner curriculum, along with service-specific, Holistic Health Approach, and Total Force Fitness tenets.

**5.4. Fitness Improvement Program (FIP).** Members must enroll in FIP and initiate contact with the GRT within 10 duty days if they receive a health concern HPA or are on a composite or component medical exemption with physical restrictions greater than 30 days, with a medically approved exercise plan. **Note:** This excludes pregnancy exemption.

5.4.1. This program targets exercise, behavior, and nutritional habits necessary to improve a member's fitness status utilizing targeted interventions. **(T-2)**

5.4.2. FIPs are managed by the GRT and UFCM will document the FIP start date in myFitness.

5.4.3. Members must provide the UFCM with their remedial fitness plan (# of days per week of training, GRT check-ins, duration of plan), documented on DAF Form 108, with all FIP requirements. **(T-2)**

5.4.4. The FIP program is built into myFitness and is intended to span the 12-weeks leading up to re-testing. **Note:** SFAS-NSD members are encouraged to check in with their GRTs at least monthly during their 12-week FIP to maintain communication and support.

5.4.5. The GRT guides PFLs on the delivery of individualized FIPs and referrals and consultations, as needed.

5.4.6. UFCMs are required to document members execution of the FIP within myFitness or on the DAF Form 108 and collaborate with the members' GRT to ensure compliance and success of the program. **(T-2) NOTE:** Commanders and supervisors must monitor participation and compliance of their Guardians to enable successful remediation.

5.4.7. Completion of the FIP is required prior to a member's next HPA.

5.4.8. Available adjunct/assistive FIP educational opportunities include, but are not limited to:

5.4.8.1. Military One Source Health Coaching. Fitness Center exercise classes that meet requirements of DAFI 34-114, Fitness, Sports and World-Class Athlete Program.

5.4.8.2. Medically approved nutritional courses.

5.4.8.3. Locally developed FIP classes.

5.4.9. Commanders and supervisors will ensure members are afforded opportunity within their duty day to complete their FIP requirements.

5.4.10. Members are responsible for improving their fitness level to achieve a minimum Health Maintenance HPA score, and as needed, provide documentation of their compliance with FIP to their supervisor and leadership. **(T-2)**

5.4.11. Commanders or First Sergeants may request a clinical case review on members with health concern HPA score(s) to determine if there are documented medical conditions that prohibit a member's ability to successfully comply with HPR **(Attachment 6)**. This does not require a face-to-face encounter with the member, unless determined by the healthcare provider to be clinically indicated. For HPR obesity is not a diagnosis prohibiting program success.

5.4.12. Commanders sending members enrolled in the FIP to a training TDY that exceeds six weeks must send the gaining commander or equivalent a memorandum explaining the required intervention, follow-up, and assessment at least two weeks prior to TDY or as soon as practicable for short-notice TDY assignments. **(T-2)**

## Chapter 6

### SPECIAL POPULATIONS

#### 6.1. Students and Accessions.

6.1.1. All members will have their first HPA due month set to the 6th month after arrival at their first duty station. (T-2)

6.1.2. New accessions to the Space Force (e.g., Basic Military Training, Technical School, Officer Training School, United States Air Force Academy, Commissioned Officer Training, etc.) must complete fitness programs and standards of their school/program via training cadre PFLs. (T-1)

6.1.3. The first official HPA will be administered by a member's first duty station. HPAs not administered by a member's duty station are not official nor recorded in myFitness. Members participating in international programs are exempt from mandatory fitness requirements when the unit commander deems it cost prohibitive to travel to the nearest assessment facility (e.g., Military Personnel Exchange Program (MPEP), Embassy Attaché and Security Cooperation positions, International Professional Military Education programs, Olmsted Scholar/Mansfield programs, AFIT-managed foreign university graduate degree programs at foreign universities, and foreign assessment pilot schools). This will be a deployment exemption in accordance with [paragraph 4.5](#). Members are encouraged to take advantage of any opportunity to accomplish an HPA during their OCONUS assignment (e.g., if TDY to a location with a Unit Fitness Cell, during an annual command site visit, MPEP Forums, etc.).

**6.2. Geographically Separated Unit or Member.** For the purposes of this SPFMAN, a geographically separated unit is defined as a unit that is separated from a host or main operating base that provides support. The host or main operating base is defined as the base where the member's military personnel flight is located.

6.2.1. Members will complete all components of the HPA in accordance with [Chapter 3](#) of this SPFMAN. (T-1)

6.2.2. At GSUs unit commanders must establish a UFC. Unit TDY funds may be used to obtain appropriate training. In unique circumstances (e.g., only one member at a location), the unit commander may authorize Sister Services to conduct HPAs, following HPA Administrator training in accordance with [paragraph 5.3](#). (T-1)

6.2.3. A commander may coordinate with the nearest Air Force/Space Force base GRT to train and certify non-SF personnel to become HPA.

**6.3. Exceptions.** If member has exhausted the authorized alternatives to accomplish an HPA a waiver may be submitted via their FLDCOM to SF/S1P for consideration of a waiver for the duration of that assignment.

## Chapter 7

### SYSTEMS MANAGEMENT

**7.1. myFitness.** myFitness is accessible through myFSS. myFitness is the only authorized system to schedule and score HPAs. The HPA calculator within myFitness is the official repository for Fitness Scoring Charts.

**7.2. myFitness User Groups.** Specific privileges to enter data, view, retrieve and print reports, conduct audits, and correct data entries are granted by the preceding user group. Members must submit all requests for specific user privileges in writing to the designated office of assignment authority as written in [Chapter 2](#) and apply using the appropriate user role or privilege descriptions. (T-1)

**7.3. Admin.** Access granted by myFSS Admins. Maintained at AFSVC and AFPC.

**7.4. Senior Management.** Access granted by myFitness Admin. Appointed by O-6 or above assigned to a FLDCOM/S1 or equivalent. Senior Management Access allows the user to:

7.4.1. View fitness records for all DAF personnel.

7.4.2. Provide FLDCOM reports to senior leaders.

**7.5. Delta Fitness Manager (DFM).** Access granted by myFitness Admin. Appointed by Delta Commander. Assigned provisions by MPF-ID for each installation under their purview. DFM Access allows the user to:

7.5.1. View all fitness records within their MPF-ID.

7.5.2. Edit/delete HPA scores within their MPF-ID.

7.5.3. Assign UFC roles.

7.5.4. Unit Fitness Cell (UFC): Access granted by DFM to UFC Managers and UFC Staff.

**7.6. Commander.** Access granted by UFC or DFM. Assigned provisions by PAS code.

7.6.1. View all fitness records within their PAS code(s).

7.6.2. Approves/denies appeals in myFitness on behalf of the Delta Commander or equivalent after Delta Commander or delegate has made a decision.

**7.7. Unit Fitness Cell (UFC).** Assigned provision by PAS Code for units that are internally conducting HPAs. Appointed by unit commander that has elected to conduct HPAs internally. UFC Access allows the user to:

7.7.1. View all records within their PAS code.

7.7.2. Create HPA schedules for their units.

7.7.3. Enter HPA scores within their PAS code.

7.7.4. Assign UFCM roles.

**7.8. Unit Fitness Cell Manager (UFCM).** Assigned provision by PAS code. UFCM Access allows the user to:

7.8.1. View all records within their PAS code.

- 7.8.2. Approve pending HPAs and inputs all exemptions within their PAS code.
- 7.8.3. Uploads DAF Form 469's on behalf of member if DAF Form 469 is received after HPA has been scheduled.
- 7.8.4. Reviews and routes appeals.
- 7.8.5. Documents FIP actions in myFitness.

## Chapter 8

### ADMINISTRATIVE AND PERSONNEL ACTIONS

**8.1. Adverse Personnel Actions.** Members are expected to be in compliance with Space Force fitness standards at all times. Members with a health concern HPA are potentially subject to adverse actions. Commanders should consult with their servicing Staff Judge Advocate and the respective GRT, before making adverse action determinations.

**8.2. Prohibited Actions.** Commanders shall not impose non judicial punishment (Article 15, Uniform Code of Military Justice) solely for failing to achieve a passing HPA. A member shall not be subject to adverse personnel action for inability to take the HPA if the member is on an exemption that has been validated by the MTF/GMU Deployment Availability Working Group or Airman Medical Readiness Optimization Board. **(T-1)**

**8.3. Authorized Actions.** Unit commanders or equivalent will consider adverse administrative action upon a member's health concern fitness score on an official HPA, as described in [Table A5.1](#). If adverse administrative action is not taken by the unit commander in response to a health concern fitness score on an official HPA, the unit commander will document the reason why no action was taken. **(T-2)** Absence of commander documentation does not invalidate the assessment.

8.3.1. Commanders may use administrative action to correct a member's failure to maintain currency.

8.3.2. Unit commanders will document and take corrective action for a member's unexcused failures to participate in HPR such as failing to accomplish a scheduled HPA, failing to attend physical fitness training sessions, or failing to complete mandatory educational intervention. **(T-2)**

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

**8.4. Military Separations. Refer to DAFI 36-3211 *Military Separations*.**

8.4.1. Unit commanders will make a discharge or retention recommendation to the separation authority for enlisted members or show cause authority for officers once they receive four health concern HPA scores in a 24-month period and a military medical provider has reviewed the member's medical records to rule out medical conditions precluding the member from achieving a passing score. **(T-1)** In all decision processes related to Fitness or Body Comp non-compliance and subsequent administrative action considerations, Commanders should make every effort to consult with the member's medical provider, legal counsel and the servicing GRT.

8.4.2. If appropriate authority non-concurs with the unit commander's retention recommendation, discharge action is initiated pursuant to applicable discharge instruction.

8.4.3. If a member is retained and a subsequent HPA failure re-establishes the basis for discharge (e.g., four failures in 24 months based on the most recent failure date), the unit commander must initiate a medical records review and submit another discharge or retention recommendation. **(T-1)**

8.4.4. Prior decision to retain a member with HPA failures does not prevent those failures from being included in the most recent 24-month period for HPA failure count.

8.4.5. Retention decision memorandums will be filed in the member's physical fitness program case file. **(T-1)**

8.4.6. The 24-month period for discharge or retention recommendation is calculated from the most recent health concern HPA and is measured based on the month and day of the most recent failure. Example: *if the most recent failure is 15 June 2024, then count the failures in the previous 23 months plus the month of the most recent failure (June 2024). In this example, the inclusive months in which HPA failures must be counted are July 2022 through June 2024. (T-1)*

8.4.7. Four HPA 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 them from achieving a passing score. Even when a member receives one or more multiple passing HPA scores within that 24-month period, the commander must still make a recommendation for discharge or retention. **(T-1)**

8.4.8. Unit commanders may initiate a member's administrative discharge only after the member has: received four health concern HPA scores in a 24-month period; failed to demonstrate improvement (as determined by the commander); and an MTF/GMU medical provider has reviewed the member's medical records to rule out medical conditions precluding the member from achieving a score greater than or equal to 60.

**8.5. HPA Appeals.** If a member believes the administration of their HPA or their HPA score was in error, the member may submit an appeal to the installation commander, or equivalent, as described in **Table 8.1** (**Note:** Information pertaining to the delta-level process and procedure and HPA Appeals Board supplemental review can be found within AFPCI 36-115, *Fitness Assessment Appeals Board*, or at: <https://www.afpc.af.mil/Career-Management/Fitness-Program>. At installations with multiple deltas or tenant organizations, the installation commander may delegate this action to the respective delta commander or equivalent.

**Table 8.1. HPA Appeal Procedures.**

STEP	ACTION
1	Member Submits an Appeal Request through myFitness and sends it to their UFCM. <b>Note:</b> Member may add any supporting documentation to the request prior to submitting to their UFCM.
2	UFCM will review the Appeal Request within myFitness and ensure a memorandum for record from the member is submitted that includes  1. Requested Action; applicant must identify what action they request to be taken. <b>(T-1)</b> 2. Basis for request: applicant must be clear what they believe to be an injustice or error. <b>(T-1)</b> 3. References or supporting documentation. 4. Applicant information to include name, organization/office symbol, unit address, contact phone number, email address, and signature.
3	UFCM enters comments to the Appeal within myFitness and routes through chain of command to delta commander or equivalent (may be delegated no lower than squadron commander or equivalent).
4	Delta commander or equivalent (may be delegated no lower than squadron commander or equivalent) will review the Appeal Request and select Approve or Reject and enter comments. If the Delta commander or equivalent (see step 3) approves removal, UFCM or UFC notifies DFM of approved HPA removal or correction. For disapproved requests, the commander or equivalent will provide the member with disapproval rationale.
5	For approval, DFMs will update the member's record.
6	If the member wants to appeal the denied request, UFCM or UFC must submit the complete package to Fitness Assessment Appeals Board at AFPC/DPPSSM via myFSS (or equivalent) Incident or email the package to: <b>afpc.dpmssm.specialprograms@us.af.mil. (T-1)</b> If needed, the Air Force Board for Correction of Military Records will be the final decision authority. Required documents are:  Disapproved memorandum from the member signed by the delta commander, or equivalent (should include reason for disapproval). FSQ. The completed and signed HPA score sheet. Any additional supporting documentation, i.e., DAF Form 469, Official statements from the Primary Care Manager (PCM), Medical documents, and/or witness letters.

**8.6. Correcting Administrative Errors on Human Performance Assessment Scores in myFitness.** Administrative errors are limited to number of repetitions performed does not match number submitted in myFitness; corrections to profile dates and exemption updates; deletion of score double entry; and HPA taken while pregnant. UFC will submit requests for administrative corrections to their servicing DFM.

## Chapter 9

### BODY COMPOSITION ASSESSMENT (BCA)

**9.1. General.** Body composition will be assessed using waist-to-height ratio (WHtR) measurements. **(T-1)** WHtR is an age and sex-neutral assessment calculated by dividing waist circumference by height in like units. WHtR results will be truncated (not rounded) to the first two decimal points. Example: If a member's height is 72 inches, and their Waist is 39.5 inches. The formula would be  $39.5/72 = 0.5486$ . The WHtR is 0.54. Elevated WHtR values are associated with an increased risk of obesity-related cardiometabolic diseases and other health problems.

**9.2. Standard.** Maintaining a WHtR of less than 0.55 is the Space Force standard. Members whose WHtR is equal to or greater than 0.55 exceed the body composition standard and must comply with mandatory actions in accordance with [Chapter 11](#). **(T-1)**

**Figure 9.1. Health Risk Categories.**

<u>WHtR</u>	<u>Health Risk Category/SF Standard</u>
$\leq 0.49$	Fit to Fight (Meets Standard)
<b>0.50 – 0.54</b>	Health Maintenance (Meets Standard)
$\geq 0.55$	Health Concern (Does Not Meet Standard)

**9.3. Frequency.** BCAs are conducted annually regardless of risk category. All members will have their initial BCA conducted no later than the last day of their birth month, unless following an exemption outlined in [Chapter 10](#). **(T-2)**

9.3.1. To ensure separation from the HPA and to allow for mission and personal flexibility, members may opt to accomplish their BCA one calendar month before their birth month. **(T-3)** There must be at least 1 duty day between HPA and BCA if the member opts to complete both assessments in the same month and the BCA must be performed first. **(T-3)** Commanders will not mandate that members be reassessed any sooner than their birth month. **(T-1)**

9.3.2. Commanders may direct unofficial BCA at their discretion. The results of this BCA will be non-punitive but can be used to refer a Guardian to their Provider and GRT for a BCIP.

### 9.4. Procedures.

9.4.1. Only properly appointed BCMs, in accordance with [paragraph 2.18](#), or GRT members may administer the BCA. BCMs/GRT will administer BCAs for their unit and will be of the same sex as the member being measured.

9.4.2. Height. The member's height will migrate from myFitness into myBodyComp/MyFitness using the data from the last HPA. **(T-1)** If the member's height does not migrate from myFitness, the member must provide their most recent official HPA results to the BCM. **(T-1)** Only height/weight measured during an official HPA or by the BCM may be used for the BCA. If the member wishes to dispute their height measurement, they may seek validation measurement by the GRT or Unit Fitness Cell (UFC).

9.4.3. Waist Circumference will be measured using the Multi-Ethnic Study on Atherosclerosis (MESA) method with a spring-loaded tape measure.

9.4.3.1. The spring-loaded tape measure has a spring-loaded tensiometer which measures a specified amount of force (~ 4 pounds) to standardize the amount of tension applied during measurement. The measure is taken at the umbilicus (bellybutton), with the tape in a horizontal position. When the spring-loaded tape-measure meter indicates 4 pounds of tension, the reading is taken. The measurement can be taken over a one-ply layer of non-compressive athletic clothing (e.g., a t-shirt, or dry-wick shirt). If any of the measurements differ by more than one inch, an additional measurement must be taken. **(T-1)** The three closest measurements will be added together, divided by three, and rounded down to the nearest ½ inch. **(T-1)**

9.4.4. **Assessment Instructions.** BCMs will conduct the assessment and read or provide written instructions to the member being assessed. **(T-1)**

9.4.4.1. Members will stand on a flat surface with feet no more than shoulder width apart, with their head held horizontal looking directly forward. **(T-1)** The body should be straight, but not rigid, similar to the position of attention. **(T-1)**

9.4.4.2. Prior to the waist measurement, the member may adjust clothing, so it does not fall over the waist during the measurement. The member may assist the administrator by holding the tape in place when the midpoint has been identified and the tape is around the waist. The member must let go of the tape and relax the arms to the side, standing at the position of attention before a measurement is recorded. **(T-1)** The members are not allowed to hold their breath or suck in their waist during the assessment. The administrator will record the measurement at the end of a normal exhale. **(T-1)**

9.4.4.3. The BCM will inform the member of their WHtR and risk category. **(T-1)** The member then selects if they accept or dispute the results on the DAF Form 108.

9.4.4.3.1. If the member disputes the recorded results, they should request a verification assessment with an alternative BCM or the GRT. **(T-1)** The unit commander will confirm the results after the dispute has been adjudicated. **(T-1)**

9.4.4.3.2. If the member accepts the results, the BCM is entered into myBodyComp/MyFitness.

9.4.4.4. Fit to Fight/Health Maintenance: The member retains the DAF Form 108 for their record. Section II is not required to be completed.

9.4.4.5. Health Concern: The BCM will upload DAF Form 108 into myBodyComp/MyFitness, and the member will be given a copy for their record. **(T-1)** Member will then follow procedures outlined in [paragraph 11.5](#), to include meeting with their GRT. **(T-1)**

## Chapter 10

### EXEMPTIONS

**10.1. Exemption Types.** Members may be exempted from their BCA by their commander in accordance with the requirements of the publication in [Table 10.1](#). Clinical providers IAW AFI 48-133 will make initial and final recommendations for medical or pregnancy exemptions respectively. The Airman Medical Readiness Optimization Board (AMRO) will review and evaluate a member for permanent physical fitness or body composition exemptions to provide a medical recommendation for a commander decision IAW DAFMAN 48-133. **(T-1)** In accordance with AFI 48-133, *Duty Limiting Conditions*. Members who receive medical care from an outside source must provide documentation to their primary care provider for consideration for an AF Form 469, *Duty Limiting Condition Report*, **(T-1)** If a member's BCA due month falls within their exemption dates, member will have their BCA administered within 2-calendar months after the expiration of the exemption. Member's new due month will be one year after the last official BCA. **(T-1)** Example: If a member's exemption expires in January, the member must assess by the end of March but may volunteer to be assessed in February. If the member tests in February, it becomes the member's BCA assessment month thereafter.

**10.2. Medical.** A military medical provider may recommend exemption for medical reason(s). **(T-1)** Permanent exemption requests will be reviewed for approval by AMRO Board, to provide a medical recommendation for a commander decision IAW DAFMAN 48-133 **(T-1)**.

10.2.1. Except for a military medical provider making the determination ([paragraph 10.2](#)), the use of certain medications to treat an underlying medical or psychological disorder or the inability to engage in physical activity may contribute to increased body fat but are not considered sufficient justification for an exemption or noncompliance with this SPFMAN. **(T-1)**

10.2.2. Other. Except for an MTF medical provider making the determination, chronic medical conditions will not be used to exempt members from meeting the standards established in this SPFMAN. **(T-1)**

**10.3. Pregnancy.** Members are prohibited from completing BCA while pregnant. Post-pregnancy BCAs are due the 14th month after delivery for a pregnancy lasting 20 weeks or more. **(T-1)** For timeframes for pregnancies lasting under 20 weeks refer to AFI 48-133 for exemption durations.

**10.4. Deployment.** A BCA will not be performed while in deployment status. **(T-1)** Members who deploy will receive an exemption for the duration of their deployment. **(T-1)** Member will have their BCA administered within 2-calendar months after the expiration of the exemption. Member's new due month will be one year after the last official BCA. **(T-1)**

**10.5. Retirements and Separations.** Members are exempt from the BCAs when they have an approved separation or retirement date within 12 months. **(T-1)** If the retirement or separation date is cancelled, members will complete the BCA in accordance with their original BCA cycle (12 months from last official BCA) or, if the original cycle month passed the due month will be within 2 months. **(T-2)** Member's new due month will be one year after last official BCA.

**10.6. Unit Commander (or equivalent).** Commanders may approve an exemption if a member is unable to complete an assessment due to a time-limited event (e.g., bereavement, emergency leave, hardships, PCS, TDY, Leave etc.). Commanders should document all commander exemptions by email or memorandum for the BCM. **(T-1)** BCM will enter this exemption into myBodyComp/MyFitness when their current BCA expires. Members will have their BCA administered within 2 months after the expiration of the exemption. Member's new due date will be 1 year after the last official BCA.

**Table 10.1. Exemptions.**

<b>Type</b>	<b>Definition</b>	<b>Paragraph</b>
Medical	In accordance with DAFI 48-133, Duty Limiting Conditions, a medical provider may recommend an exemption for medical matters that would render an inaccurate BCA. <b>(T-1)</b>	<b>10.2</b>
Pregnancy	Members will be exempt from the BCA during/following pregnancy, in accordance with AFI 48-133. <b>(T-1)</b>	<b>10.3</b>
Deployment	A body composition assessment will not be performed while in deployment status. <b>(T-1)</b> Members who deploy will receive an exemption for the duration of their deployment. <b>(T-1)</b>	<b>10.4</b>
Retirements and Separations	Members are exempt from the BCAs when they have an approved separation or retirement date. <b>(T-1)</b>	<b>10.5</b>
Commander	Member is unable to complete an assessment for a time-limited event (e.g., bereavement, emergency, hardships, PCS, TDY, Leave, etc.). <b>(T-1)</b>	<b>10.6</b>
<b>Note:</b> Commanders should document all commander exemptions by email or memorandum for the BCM. <b>(T-2)</b>		

## Chapter 11

### BODY COMPOSITION PREVENTION, EDUCATION, AND INTERVENTION

**11.1. Prevention and Education.** Physical fitness and/or nutrition education will be incorporated across the continuum and may include formal and professional military training programs. (T-1)

**11.2. Guardian Resilience Teams.**

11.2.1. Serves as integrated and cross-functional subject matter experts through all domains of fitness, to include attaining and maintaining healthy body composition.

11.2.2. Operationalize holistic health approaches to train, educate, and support Guardians to achieve fitness, optimize performance, and build skills to promote sustainable fitness and health.

11.2.3. Provides feedback and recommendations to commanders on Guardian health and performance.

11.2.4. Provides guidance and assistance to Guardians to meet and sustain body composition standards.

**11.3. Unit Commander (or equivalent).**

11.3.1. Ensures members comply with BCP, including enrollment in Body Composition Improvement Program (BCIP) using DAF Form 108 when identified as Health Concern/Does Not Meet Standard. (T-1)

11.3.2. Ensures members' compliance with BCIP and reassess WHtR after completing the 12-month self-directed BCIPs. (T-1)

11.3.3. Take appropriate action to facilitate a member's comprehensive assessment, BCIP development, and satisfactory participation in the BCIP to return to standard. Administrative action will not be taken based solely on initial BCA results for members who comply with BCIP enrollment criteria. (T-1)

11.3.4. Guardians will be reassessed upon completion of the 12-month BCIP. Those identified as Health Concern will be assessed for refinement of a new BCIP. Guardians must consult with their PCM/GRT for additional BC strategies and may face adverse personnel actions if found to be non-compliant with their BCIP program.

11.3.5. Guardians failing BCP standards on a second attempt without qualifying medical conditions may face administrative actions, including separation from service. After 24 months in BCIP, non-compliant members will be reviewed by commanders for discharge or retention recommendations to appropriate authorities. This process includes medical consultation to rule out conditions preventing compliance with BC standards.

**11.4. Body Composition Manager (BCM).**

11.4.1. For Guardians in a BCIP, enroll and communicate BCIP requirements using DAF Form 108. (T-2)

11.4.2. Provides unit BCP metrics and reports from myBodyComp/MyFitness to the unit commander as directed but at a minimum of once monthly.

11.4.3. Informs the unit commander of Guardians failing to meet program requirements (e.g., overdue BCA, not meeting BCP standards, non-compliance with program requirements). (T-1)

**11.5. Body Composition Improvement Program (BCIP) Enrollment.** Members who are identified as Health Concern/Does Not Meet Standard will enroll in a BCIP using DAF Form 108. (T-1) **Administrative** actions are not authorized based solely on failing the first BCA; however, compliance with BCIP is required. (T-1)

**11.6. Body Composition Improvement Program (BCIP) Requirements.**

11.6.1. Members receiving a Health Concern BCA must complete DAF Form 108 and take the following actions:

11.6.1.1. Meet with the GRT within 10 business days (in person or virtual). SFAS - NSD Guardians meet with GRT on first available duty status day.

11.6.1.2. Schedule an evaluation/consultation with their primary care manager (PCM). Contact your PCM team through the patient portal or as locally directed.

11.6.1.3. Refer to Human Performance Resources by the Consortium for Health and Military Performance (CHAMP) for additional guidance on how to lead a healthy life, improve resilience, longevity, and maximize performance, readiness, and productivity.

11.6.1.4. Collaborate with the GRT to outline the strategy, resources and counseling options for reducing WHtR.

**11.7. BCIP Responsibilities and Follow-up.**

11.7.1. Members are responsible for their BCIP. Commanders, supervisors, PCMs, and GRT will support members on a BCIP, to include ensuring adequate time during duty hours to execute BCIP requirements and medical appointments.

11.7.2. DAF Form 108 must be signed by members, supervisor, GRT representative, BCM and submitted to the commander within 30 days of the medical appointment.

11.7.3. Members with consecutive Health Concern/Does Not Meet Standard BCAs will be re-enrolled in a second BCIP. Members must re-complete BCIP requirements using DAF Form 108. If a Guardian fails to meet the BCP standard on a second attempt without qualifying medical conditions, administrative actions, including potential separation from service may be considered.

**11.8. Support and Resources.** Locally available support may vary by location. Members are encouraged to work with their healthcare team and leadership to identify resources applicable to their needs.

## Chapter 12

### SPECIAL POPULATIONS

#### 12.1. Students and Accessions.

12.1.1. Initial BCAs are conducted during a member's birth month after their first official HPA in accordance with this SPFMAN. **(T-1) Note:** If the member's first HPA coincides with birth month, the first BCA will be conducted the month after their birth month. **(T-1)**

12.1.2. New accessions to the Space Force (e.g., Basic Military Training, Technical School, Officer Training School, etc) may utilize body composition program and standards during the school/program via the training cadre. However, the first official BCA will be administered at their first duty station. **(T-1)**

**12.2. Geographically Separated Unit or Member.** For the purposes of this SPFMAN, a geographically separated unit or member is defined as a unit or member that is separated from a host or main operating base that provides support. The host or main operating base is defined as the base where the member's military personnel flight is located.

12.2.1. Members will complete all BCP requirements in accordance with **Chapter 9** of this SPFMAN. **(T-1)**

12.2.2. Guardians in a GSU and Guardians without GRT support shall utilize an Air Force FAC for their height assessment except where no DAF support exists. Unit commanders (or equivalent) in unique circumstances (e.g., only one member at a location), may authorize non-DAF individuals to conduct BCAs. This individual must review BCM training located at <https://www.hprc-online.org/total-force-fitness/service-specific-resources/air-force>. **(T-2)**

12.2.3. If a member exhausts the authorized alternatives to accomplish their BCA a waiver should be routed through their FLDCOM to SF/S1P, requesting an exemption from BCP requirement, which will require annual reassessment. **(T-1)**

## Chapter 13

### SYSTEMS MANAGEMENT

**13.1. MyBodyComp/MyFitness.** MyBodyComp/MyFitness is accessible through myFSS and is the only authorized system to record body composition results. MyBodyComp/My Fitness User Groups have specific privileges to enter data, view, retrieve and print reports, conduct audits, and correct data entries. Members must submit requests for specific user privileges in writing using the DD Form 2875, *System Authorization Access Request (SAAR)*, appointment letter, and user agreement to the designated office of assignment authority as written in [Chapter 2](#) and apply using the appropriate user role or privilege descriptions. **(T-1)**

13.1.1. MyFitness Admin. Assigned to S1Q, GRT, and DFMs, Access granted by myFSS Administrator using the DD Form 2875.

13.1.2. MyBodyComp/MyFitness Senior Management Access will be granted by myFitness Administrator using DD Form 2875. Appointed by an O-6 or above assigned to a FLDCOM/S1 or FLDCOM/SG or equivalent. **(T-1)**

13.1.2.1. View body composition records for all SF personnel.

13.1.2.2. Delta Fitness Manager (DFM). Members are granted access by myFitness administrator and appointed by the FSS Commander using DD Form 2875. Members are assigned provisions by the MPF-ID for each installation under their purview.

13.1.2.2.1. DFM Access allows the user to:

13.1.2.2.1.1. View all body composition records within their MPF-ID.

13.1.2.2.1.2. Edit and delete BCA scores within their MPF-ID.

13.1.2.2.1.3. Assign BCM roles.

13.1.2.3. MyFitness Commander role. DFMs will grant access to unit commanders or equivalent by using DD Form 2875 and assign provisions by PAS code. The myFitness Commander role can view all records within their PAS code.

13.1.2.4. Body Composition Manager (BCM). Is granted access by DFM using DD Form 2875 and is assigned provisions by PAS Code. BCM is appointed by the unit commander. BCM can view all records within their PAS code and enter BCA scores within their PAS code.

BRIAN L. SCARLETT, SES, DAF  
Performing the Duties of Assistant Secretary of the  
Air Force for Manpower and Reserve Affairs

**Attachment 1****GLOSSARY OF REFERENCES AND SUPPORTING INFORMATION*****References***

DoDI 1308.03, *DoD Physical Fitness/Body Composition Program*, 10 March 2022

DoDI 5400.11, *DoD Privacy and Civil Liberties Programs* 1 September 2011

DoDM 6025.18, *Implementation of the Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule in DoD Health Care Programs*, 13 March 2019

DAFI 90-160, *Publications and Forms Management*, 14 April 2022

DAFMAN 90-161, *Publishing Processes and Procedures*, 18 October 2023

DAFPD 36-29, *Military Standards*, 24 January 2023

AFI 33-322, *Records Management and Information Governance Program*, 23 March 2020

AFI 48-103, *Health Promotion*, 21 June 2019

AFI 48-133, *Duty Limiting Conditions*, 7 August 2020

Technical Order 33K-1-100-1, *Calibration Procedure for Maintenance Data Collection Codes and Calibration Measurement Summaries*, 30 Nov 2014

***Prescribed Forms***

None

***Adopted Forms***

AF Form 469, *Duty Limiting Condition Report*

DAF Form 847, *Recommendation for Change of Publication*

DD Form 2875, *System Authorization Access Request*

DAF Form 108, *Department of the Air Force Fitness Education and Intervention Worksheet*

***Abbreviations and Acronyms***

**AED**—Automated External Defibrillator

**AF**—Air Force

**AFPC**—Air Force Personnel Center

**AFPD**—Air Force Policy Directive

**AMRO**—Airman Medical Readiness Optimization Board

**BCA**—Body Composition Assessment

**BCIP**—Body Composition Improvement Plan

**BCM**—Body Composition Manager

**CES**—Civil Engineer Squadron

**DoD**—Department of Defense

**DoDI**—Department of Defense Instruction

**DFM**—Delta Fitness Manager

**DHPA**—Diagnostic Human Performance Assessment

**FLDCOM**—Field Command

**GRT**—Guardian Resiliency Team

**FIP**—Fitness Improvement Program

**FSQ**—Air Force Physical Fitness Screening Questionnaire

**FSS**—Force Support Squadron

**HAMR**—High Aerobic Multi-Shuttle Run

**HHA**—Holistic Health Approach

**HPR**—Human Performance and Readiness

**HPA**—Human Performance Assessment

**MTF**—Military Treatment Facility

**MTP**—Medical Treatment Plan

**NAF**—Non-Appropriated Funded

**PCS**—Permanent Change of Station

**HPA**—Human Performance Assessment

**HPR**—Human Performance and Readiness

**PFL**—Peer Fitness Leader

**RNLTD**—Report Not Later Than Date

**SFAS-NSD**—Space Force Active Status – Non-Sustained Duty

**TDY**—Temporary Duty Assignment

**UFCM**—Unit Fitness Cell Manager

**UFC**—Unit Fitness Cell

**WHtR**—Waist to Height Ratio

### ***Office Symbols***

**AF/A1**—Air Force Deputy Chief of Staff for Manpower, Personnel, and Services

**AF/A1S**—Director of Air Force Services

**AF/A1X**—Director of Plans and Integration

**A1/DTA**—A1 Digital Transformation Activity

**AF/JA**—Office of The Judge Advocate General  
**AFPC/PA**—Air Force Personnel Center Public Affairs  
**AFPC/DPO**—AFPC Director for Technology and Information  
**AFPC/DPPSA**—Air Force Personnel Center Special Program Office  
**AFPC/DPPSSM**—Fitness Assessment Appeals Office  
**AFRL**—Air Force Research Laboratory  
**AFSVC**—Air Force Services Center  
**AFSVC/VMS**—Air Force Services Center Fitness and Sports  
**DAF/SG**—Office of the Department of the Air Force Surgeon General  
**HSB**—Human Resource Management Strategic Board  
**SF/S1**—Deputy Chief of Space Operations for Personnel  
**SF/S1P**—Space Force Military Policy and Management Directorate  
**SF/S1Q**—Space Force Quality of Life and Resilience Programs  
**SAF/MR**—Assistant Secretary of the Air Force for Manpower and Reserve Affairs  
**SAF/MRR**—Deputy Assistant Secretary for Reserve Affairs and Member Readiness

### *Terms*

**Automated External Defibrillator**—A device approved by the Federal Drug Administration for the purpose of administering an electric shock of preset voltage to the heart through the chest wall in an attempt to restore the normal rhythm of the heart during a life-threatening arrhythmia.

**Basic Life Support Training**—Includes Cardiopulmonary Resuscitation and Automated External Defibrillator certification.

**Extended Duration Medical Condition**—A medical condition that is not expected to improve in less than 180 days. Chronic conditions may involve periodic acute episodes and may require intermittent inpatient care. Sometimes medical treatment may control a chronic medical condition sufficiently to permit continuation of daily living activities such as work, or school. (Defined in AFMAN 41-210).

**Current**—Currency is established based on completion month and fitness level of last assessment. Members go non-current when they haven't been assessed within that timeframe.

**Diagnostic Human Performance Assessment**—An unofficial physical fitness assessment conducted under official conditions.

**Dry Bulb Globe Temperature**—Geographical locations where relative humidity is < 40% (should be < 90 degrees Fahrenheit).

**Fitness Improvement Program (FIP)**—A remedial intervention program for members identified with a composite health concern fitness score or members with physical limitations identified on a DAF Form 469 greater than 30 days (excludes pregnant service members).

**High Risk**—Members who have not been exercising regularly and or have other risk factors for heart attack (increasing age, smoking, diabetes, high blood pressure) are at increased risk of injury or death during the assessment. Note: This information is annotated on the FSQ.

**Primary Care Manager**—the individual's primary medical care manager. In most cases, a military practitioner.

**Wet Bulb Globe Temperature**—A composite temperature used to estimate the effect of temperature, humidity, wind speed and solar radiation on humans. Industrial hygienists and athletes have used it to determine appropriate exposure levels to high temperatures.

## Attachment 2

### HUMAN PERFORMANCE ASSESSMENT VERBAL INSTRUCTIONS

**A2.1. Verbal Human Performance Assessment Instructions.** Assessment Administrator state: *You are about to complete the HPA. 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 HPA. If you experience injury or illness during the HPA, you will have the option of being evaluated at the Military Treatment Facility, but your assessment may still count. If the medical evaluation validates your illness or injury your commander may invalidate the assessment results. If the assessment is invalidated, your new due month will be the following calendar month. At no time will a back-dated DAF 469 (fitness exemption) be accepted. Each component (excluding body composition) 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.*

**A2.2. Waist to Height Ratio (WHtR) Verbal Instructions.** The Assessment Administrator reads the following instructions to all members.

A2.2.1. *A WHtR measurement will be taken on your bare skin, from the right side of your waist, at the midpoint between your lowest rib and the top of your hip bone (iliac crest). The tape measure will be flat on the bare skin and will not compress the skin.*

A2.2.2. *Before the waist measurement, you may adjust your clothing, so it does not fall over your waist during the measurement. You may assist the administrator by holding the tape in place when the midpoint has been identified and the tape is around the waist. You must let go of the tape and relax your arms to their side, standing at the position of attention before a measurement is recorded. You are not allowed to hold your breath or suck in your waist during the assessment. The administrator will record the measurement at the end of a normal exhale.*

A2.2.3. *Three measurements will be taken rounding down to the nearest ½ inch. If any of the measurements differ by more than one inch from the other two, an additional measurement will be taken. The three closest measurements will be added together, divided by three, and rounded down to the nearest ½ inch. This value will be recorded as the waist measurement.*

**A2.3. One Minute Push-Up Verbal Instructions.** The Assessment Administrator reads the following instructions to all members and demonstrate the proper technique.

A2.3.1. *The one-minute push-up is an assessment of muscular strength. 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 or starting position.*

A2.3.2. *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.*

A2.3.3. *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 or 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 assessment will be terminated, and your score will be based on the correct number of push-ups performed up to that point.*

A2.3.4. *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 in one minute is recorded as your score.*

**A2.4. Two Minute Hand Release Push-Up Verbal Instructions.** The Assessment Administrator reads the following instructions to all members and demonstrate the proper technique.

A2.4.1. *The two minute hand release push-up is an assessment of muscular strength. You will begin in the up position and must ensure your hands are flat on the ground with the index fingers inside the outer edges of the shoulders. This is the starting position.*

A2.4.2. *You will push your whole body up from the ground as a single unit to the up position by fully extending the elbows. You will maintain a generally straight body alignment from the top of the head to the ankles. This generally straight position will be maintained for the duration of the exercise.*

A2.4.3. *You will bend your elbows to lower the body back to the ground. The chest, hips and thighs should touch down at the same time. Without moving your head, body, or legs, you will extend both hands out from the body until your arms are fully extended forming a 90-degree angle between your arms and trunk at the shoulders. Hands must be off the ground. After reaching this position, your elbows bend to move the hands back under your shoulder. You must ensure your hands are flat on the ground with your index fingers inside the outer edges of the shoulders and push your whole body back to the starting position. This completes one repetition.*

A2.4.4. *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 or rest position, resting any other body part on the floor is not allowed. If resting occurs in the down position, the hands release push-up portion of test will be terminated, and your score will be based on the correct number of hands release push-ups performed up to that point. The number of successfully completed repetitions in two minutes will be recorded as the raw score.*

**A2.5. One Minute Sit-Up Verbal Instructions.** The Assessment Administrator reads the following instructions to all members and demonstrate the proper technique.

A2.5.1. *The one minute sit-up is an assessment of muscular endurance. 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 or fingers remain in contact with the shoulders or upper chest at all times.*

A2.5.2. *If a bolted non-portable toe hold bar is used: Anchor your feet to the ground by hooking your feet or 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.*

A2.5.3. *If a toe hold bar is NOT used: You may request the assessor to hold your feet with their hands or by putting their knees on your feet. The assessor may not anchor you by holding behind the calves or by standing on your feet during the assessment as they could lose balance and step off. You may request a member of the same sex to hold your 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 or feet too tight or not enough.").*

A2.5.4. *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 or fingers in contact with your shoulder or upper chest at all times).*

A2.5.5. *The repetition will not count if your hands or fingers come completely away from the chest or 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 assessment is terminated, and your score will be based on the correct number of sit-ups performed up to that point.*

A2.5.6. *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.*

**A2.6. Two Minute Cross Leg Reverse Crunch Verbal Instructions.** The Assessment Administrator reads the following instructions to all members and demonstrate the proper technique.

A2.6.1. *The two minute cross leg reverse crunch is an assessment of muscular endurance. You will lie on your back on a flat, level surface, legs straight, and feet on the ground. Arms are crossed over the chest with open hands or fingers touching the shoulders or upper chest. Hands can't grab the shirt. The use of an exercise mat is optional for this exercise.*

A2.6.2. *While keeping the lower back on the floor, bring both legs toward the chest while reaching your left elbow across your body to touch your right thigh. Then return to the starting position. This is counted as repetition number one.*

A2.6.3. *While keeping the lower back on the floor, bring both legs toward the chest while reaching your right elbow across your body to touch your left thigh. Then return to the starting position. This is counted as repetition number two.*

A2.6.4. *The repetition will not count if your hands or fingers do not remain in contact with the shoulders or upper chest throughout the assessment, including the rest position. Additionally, the repetition will not count if your lower back lifts off the ground, elbow does not touch the opposite thigh, or legs do not fully extend when returning to the starting position. The resting position will be the same as the starting position. Note: while performing this exercise your head does not need to touch the ground. If you move out of place greater than a foot you will be warned and if it continues those repetitions will not count. Your final score is the correct repetitions completed at 2 minutes.*

**A2.7. Forearm Plank Verbal Instructions.** The Assessment Administrator reads the following instructions to all members and demonstrate the proper technique.

A2.7.1. *The forearm plank is an assessment of muscular endurance. It will be performed on a flat, level surface. An exercise mat may be used. You must be entirely on or off the exercise mat, (i.e., upper body cannot be on the exercise mat with feet off). The event will consist of maintaining a proper forearm plank position for the maximum time allowed.*

A2.7.2. *The HPA Administrator will record time with a stopwatch to the nearest second and will announce "START", as well as 15-second intervals.*

A2.7.3. *You will begin face down on the floor with elbows bent, forearms flat on the floor/mat, with the body in a straight line through the head, shoulders, back, buttocks and legs.*

A2.7.4. *Elbows must be aligned directly below the shoulders at a 90-degree angle between the forearm and upper arm. Hands will either be in fists with the pinky side of the hand touching the floor or lying flat with palms touching the floor. Forearms may be parallel or angled inward, but the hands cannot be clasped together.*

A2.7.5. *Feet should be placed hip-width apart. Hips must be lifted off the ground with only the forearms, hands and toes on the floor. Knees are straight, pelvis in a neutral position and back flat. The back, buttocks and legs must be straight from head to heels and must remain so throughout the assessment. The back, buttocks and legs must be straight from head to heels and must remain so throughout the test.*

A2.7.6. *Toes, forearms and fists or palms must remain in contact with the floor/mat at all times and folding of hands is not permitted. No other part of the body may contact the vertical support surface.*

A2.7.7. *Involuntary muscle spasms (e.g., shaking, trembling, or quivering) resulting from maximum exertion during the exercise is anticipated and permitted as long as the proper forearm plank position is maintained.*

A2.7.8. *Forearm plank ends when maximum time for the forearm plank has elapsed or until the last participant stops prior to the maximum time allowed, any part of the body other than hands (fists/palms) forearms, or feet touch the floor, member lowers head to hands, member lifts hands, forearms or feet off the floor, member does not maintain 90 degrees at the elbow (i.e., shifting weight forward or back on forearms/toes decreasing or increasing the 90-degree bend).*

A2.7.9. *If you receive more than two corrections on form. The third correction will stop the assessment, and the time will be recorded. This will be your official forearm plank time (score).*

**A2.8. 2.0-Mile Timed Run Verbal Instructions.** The Assessment Administrator reads the following instructions to all members and demonstrate the proper technique.

A2.8.1. *This 2.0-mile timed run is used to measure cardiorespiratory fitness. Prior to beginning the 2.0-mile run, you may complete up to a three-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 assessment. Your completion time will be recorded when you cross the finish line, and you are required to complete a cool down for approximately five minutes. If at any time you are feeling in poor health, you are to stop running immediately and you will be given assistance.*

**A2.9. 20-Meter High Aerobic Multi-Shuttle Run (HAMR) Verbal Instructions.** The Assessment Administrator reads the following instructions to all members.

A2.9.1. *The 20-meter HAMR is used to measure cardiorespiratory fitness. Prior to beginning the 20-meter HAMR, you may complete up to a three-minute warm-up.*

A2.9.2. *You will run between two lines 20 meters apart, at a progressively faster pace, to the tempo of a recorded beep.*

A2.9.3. *You will start behind the first line and begin jogging to the opposite line when instructed by the recording. You will leave the line when you hear the beep and should arrive at the opposite line just before the next beep. You must touch the line with one foot before the beep sounds. If you get to the line early, do not begin running back before the beep sounds.*

A2.9.4. *Failure to reach the line before the beep, or leaving the line too early, will result in a warning. Three consecutive warnings will result in termination of the assessment. If you receive a warning, but successfully reach the line on the next shuttle, the warning count will start back at zero.*

A2.9.5. *You must reach the opposite line on every shuttle. If the beep sounds prior to reaching the line, you must complete the shuttle before you can turn and attempt the next shuttle. Failure to reach the opposite line will result in a warning. However, stopping before the line and returning to the opposite line will result in the termination of your assessment. Failure to attempt a shuttle (i.e. resting or skipping shuttles) will result in the termination of your assessment, as well. You must maintain cadence with the beep sequence at all times.*

A2.9.6. *After each level the time between beeps will become shorter, requiring you to run faster. You are encouraged to keep going until you are no longer able to keep the pace. If at any point you feel unable continue, you may stop the assessment and step off the court. Your score will be the last successful shuttle completed before three consecutive warnings or when you voluntarily terminate your assessment.*

**A2.10. 2 Kilometer Walk Verbal Instructions.** The Assessment Administrator reads the following instructions to all Members and demonstrate the proper technique.

A2.10.1. *This assessment measures cardiorespiratory fitness. Prior to beginning the 2 kilometer walk, you may complete up to a three-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 kilometer 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 assessment. Your completion time will be recorded when you cross the finish line, and you are required to complete a cool-down for approximately five minutes. If at any time you are feeling in poor health, you are to stop immediately and you will be given assistance.*

## Attachment 3

ALTITUDE TIME CORRECTION FOR 2.0 MILE RUN, 2.0 KILOMETER WALK, AND  
20-METER HAMR

Table A3.1. Altitude Time Correction for 2.0. 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
2 Mile Run Time	Altitude Correction	Altitude Correction	Altitude Correction	Altitude Correction
(min:sec)	(sec)	(sec)	(sec)	(sec)
≤13:25	0:02	0:06	0:11	0:18
13:55	0:02	0:06	0:11	0:19
14:12	0:02	0:07	0:12	0:20
14:27	0:02	0:07	0:12	0:20
14:41	0:02	0:07	0:12	0:20
15:05	0:02	0:07	0:12	0:21
15:17	0:02	0:07	0:12	0:21
15:28	0:02	0:08	0:13	0:22
15:38	0:02	0:08	0:13	0:22
16:09	0:02	0:08	0:13	0:22
16:29	0:03	0:08	0:14	0:23
16:49	0:03	0:09	0:15	0:24
17:08	0:03	0:09	0:15	0:25
17:18	0:03	0:09	0:15	0:26
17:37	0:03	0:09	0:16	0:26
17:55	0:03	0:09	0:16	0:27
18:23	0:03	0:10	0:16	0:28
18:39	0:03	0:10	0:17	0:28
19:07	0:03	0:10	0:17	0:29
19:36	0:03	0:11	0:18	0:31
19:45	0:03	0:11	0:18	0:31
20:06	0:04	0:11	0:19	0:32
20:44	0:04	0:12	0:20	0:34
21:09	0:05	0:13	0:21	0:36
22:04	0:05	0:13	0:22	0:37
22:28	0:05	0:14	0:23	0:38
22:45	0:05	0:14	0:24	0:40
22:50	0:05	0:15	0:25	0:42
22:58	0:05	0:15	0:26	0:43
23:15	0:06	0:17	0:28	0:46
23:30	0:06	0:18	0:29	0:49
23:36	0:06	0:18	0:31	0:51
24:00:00	0:06	0:19	0:32	0:54
24:48:00	0:07	0:20	0:34	0:57
25:00:00	0:08	0:22	0:37	1:02

**Table A3.2. Altitude Time Correction for 2.0 Kilometer Walk (Male).**

Age (yrs)		2.0 km Maximum Walk Time (min:secs)	Group 1	Group 2	Group 3	Group 4
			5250 ft – 5500 ft 2.0 km Maximum Walk Time (min:secs)	5500 ft – 6000 ft 2.0 km Maximum Walk Time (min:secs)	6000 ft – 6600 ft 2.0 km Maximum Walk Time (min:secs)	> 6600 ft 2.0 km Maximum Walk Time (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

**Table A3.3. Altitude Time Correction for 2.0 Kilometer Walk (Female).**

Age (yrs)		2.0 km Maximum Walk Time (min:secs)	Group 1	Group 2	Group 3	Group 4
			5250 ft – 5500 ft 2.0 km Maximum Walk Time (min:secs)	5500 ft – 6000 ft 2.0 km Maximum Walk Time (min:secs)	6000 ft – 6600 ft 2.0 km Maximum Walk Time (min:secs)	> 6600 ft 2.0 km Maximum Walk Time (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

**Table A3.4. Altitude Time Correction for HAMR.**

Group 1		Group 2		Group 3		Group 4
5250 ft - 5499 ft		5500 ft - 5999 ft		6000 ft - 6599 ft		>6600 ft
Add 1 Shuttle		Add 2 Shuttles		Add 3 Shuttles		Add 4 Shuttles

**Attachment 4****WRITTEN ORDER HPA ADMINISTRATORS****Figure A4.1. Sample Order.**

MEMORANDUM FOR HUMAN PERFORMANCE ASSESSMENT ADMINISTRATORS

FROM: (Delta commander - highly recommended)

SUBJECT: Written Order – Duties Associated with United States Space Force Human Performance and Readiness Program and/or Access to the myFitness System

Part of your duties in the Space Force Human Performance and Readiness Program will require you to have access to sensitive and protected Privacy Act information regarding members. That information includes, but is not limited to, HPA scores, Department of Defense Identification number (DoD ID), age, and medical information.

You are hereby ordered to correctly record all HPA results as required as part of your duties. You will not alter or change a member's HPA results. You are ordered not to release, reveal, or disclose any member's fitness scores, DoD IDs, medical information or other information received as part of your duties associated with the Human Performance and Readiness Program.

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

---

(Commander's Signature)

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

I hereby acknowledge understanding and receipt of this order.

Date:

---

(Member's Signature)

## Attachment 5

## ADMINISTRATIVE AND PERSONNEL ACTIONS

**A5.1. General.** This attachment provides optional administrative and personnel actions ([Table A5.1](#)) for HPA failures.

**Table A5.1. Optional Administrative and Personnel Actions (See Note 1).**

<b>Health Concern Fitness Score by PECD or SCOD</b>				
Defer, Withhold Promotion, or Not Recommend (Enlisted)	X	X	X	X
<b>Health Concern Fitness Score</b>	<b>1st Fail</b>	<b>2nd Fail</b>	<b>3rd Fail – See Note 4</b>	<b>4th+ Fail</b>
Verbal Counseling	Use anytime and as often as needed and in conjunction with other options below			
Letter of Counseling	X	X		
Letter of Admonishment	X	X		
Limit Supervisory Responsibilities	X	X	X	X
Letter of Reprimand	X	X	X	X
Referral Evaluation	X	X	X	X
Delay Promotion (USSF Officer) see DAFI 36- 2501, <i>Officer Promotions and Selective Continuation</i>	X	X	X	X
Delay Promotion (SFAS-NSD Officer) see DAFI 36- 2504, <i>Officer Promotion, Continuation, and Selective Early Removal in the Reserve of the Air Force.</i>				
Establish Unfavorable Information File		X	X	X
Reenlistment Ineligibility (see <b>Note 2</b> )		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 <b>Note 2</b> )			X	X
Remove Promotion (Officer)			X	X
Administrative Demotion (Enlisted)			X	X
Administrative Separation				X

SFAS-NSD only. Transfer to Obligated Reserve Section or Non-obligated, Non-participating Ready Personnel Section. (see <b>Note 3</b> )				X
<p><b>Notes:</b></p> <p>1. This is illustrative and not binding. Unit commanders or Director's 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. Commanders may use more than one action per failure. Recommend commanders consult with their local Staff Judge Advocate. Refer to the governing instructions to determine the correct form and procedures for each action.</p> <p>2. Commanders may render a member ineligible for reenlistment rather than denying reenlistment by specifying ineligibility versus non-selection on the AF Form 418, <i>Selective Reenlistment Program Consideration/Denial of Continued Service for Airmen</i>. This allows the flexibility of authorizing Members to extend their reenlistment for either 4 or 7 months (7 or 12 for SFAS-NSD) to improve their fitness level. Members non-selected for reenlistment are not allowed to extend for any reason and will separate on the date of separation. Commanders may complete a second AF Form 418 changing the member's ineligibility or non-selection status at any time.</p> <p>3. For SFAS-NSD, 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.</p> <p>4. If a member has a history of HPA failures, then passes, only to fail again – commanders should consider a more aggressive approach for optional actions.</p>				

## Attachment 6

**SAMPLE MEMORANDUM FOR MEDICAL EVALUATION FOLLOWING  
MULTIPLE HEALTH CONCERN HUMAN PERFORMANCE ASSESSMENT****Figure A6.1. Sample Memorandum.**

MEMORANDUM FOR MILITARY TREATMENT FACILITY MEDICAL PROVIDER

FROM: \_\_\_\_\_/CC(F)

SUBJECT: Medical Condition Determination for Human Performance Assessment (HPA) Failures

Please determine whether there was a medical condition that precluded (*Rank, First and Last Name*) from achieving a passing score on the HPA identified in the table below.

Please contact me at DSN \_\_\_\_\_ with any questions.

\_\_\_\_\_, \_\_\_\_\_, USAF

(*Name*) (*Rank*)

Commander or First Sergeant

1st Ind, MILITARY MEDICAL PROVIDER

TO: UNIT/CC(F)

I have reviewed the member's medical record for each of the following HPA as indicated by my initials below. I may be reached at DSN\_\_\_\_\_.



---

Signature & Stamp of Military Medical Provider and Date

---

Signature & Stamp of Senior Profiling Officer and Date

**This document contains CONTROLLED UNCLASSIFIED INFORMATION (CUI) which must be protected under the Freedom of Information Act (5 U.S.C 552) and/or the Privacy Act of 1974 (5 U.S.C. 552a), in addition to DoDI 5400.11 and AFI 33-332. RECIPIENT IS RESPONSIBLE FOR SAFEGUARDING AND MAINTAINING THIS PRODUCT in accordance with the aforementioned regulations and DoDI 5200.48.**