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Operations

FITNESS PROGRAM

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This instruction implements Air Force Policy Directive (AFPD) 10-2, *Readiness*, and supersedes all guidance provided in AFI 10-248, *Air Force Fitness Instruction*, 1 January 2004. It complements the physical fitness requirements of DoD Directive 1308.1, *DoD Physical Fitness and Body Fat Program*, 20 July 1995; and DoD Instruction 1308.3, *DoD Physical Fitness and Body Fat Procedures*, 5 November 2002. This instruction applies to all Air Force members. Air Force Reserve Command (AFRC), Individual Mobilization Augmentee (IMA), and Air National Guard (ANG) members when serving in Title 10 Statutory Tour status must meet the standards outlined in this instruction; ANG supplement provides specific information for management of ANG members. This instruction relates to AFI 34-266, *The Air Force Fitness and Sports Program*, AFMAN 34-137, *Air Force Fitness and Sports Operations* and AFI 40-104, *Nutrition Education*. This instruction requires the collection and maintenance of information protected by the Privacy Act of 1974. Ensure that all records created as a result of prescribed processes are maintained in accordance with AFMAN 37-123, *Management of Records*, and disposed of in accordance with AFMAN 37-139, *Records Disposition Schedule* found at <https://afirms.amc.af.mil>. The authority to collect and maintain the records prescribed in this instruction is Title 10, United States Code, Section 8013. Privacy Act system of records notice F044 AF SG N, Physical Fitness File, applies.

All members of the Air Force (AF) must be physically fit to support the AF mission. Health benefits from an active lifestyle will increase productivity, optimize health, and decrease absenteeism while maintaining a higher level of readiness. The goal of the Fitness Program (FP) is to motivate all members to participate in a year-round physical conditioning program that emphasizes total fitness, to include proper aerobic conditioning, strength/flexibility training, and healthy eating. Commanders and supervisors must incorporate fitness into the AF culture to establish an environment for members to maintain physical fitness and health to meet expeditionary mission requirements and deliver a fit and ready force. The annual fitness assessment (FA) provides commanders with a tool to assist in the determination of overall fitness of their military personnel.

SUMMARY OF CHANGES

This document is substantially revised and must be completely reviewed. Inclusion of two Interim Changes (IC). A bar (|) indicates a revision from the previous edition. A summary of major changes by chapter is as follows:

Chapter 1 – Responsibilities/Attachment 15. Ensures CSS will complete Abdominal Circumference (AC) measurements on individuals who score poor/marginal. Requires current fitness status prior to members' deployment and reinstates that commanders can test in deployed location if necessary elements to support AF FP are in place. Identifies the new role of the Health Educator who will serve as the HAWC element leader. Reference **Attachment 15** is medications that affect heart rates.

Chapter 2 – Unit Physical, Fitness Training Program. Reinforces commitment to safety as linchpin for FP to include individual medical limitations and level of ability as well as thermal environmental issues.

Chapter 3 – Physical Fitness Standard. Awards full complement of points (30) for AC measurement if members BMI <25 kg² but addresses all members must be AC measured. Aerobic component identified as determinant for scheduling test.

Chapter 4 – Physical Fitness Assessment. Clarifies all components of testing be completed on same day barring extenuating circumstances.

Chapter 5 – Physical Fitness Education and Intervention. To include Fitness Improvement Program (FIP) requirements clarified. The Protected Health Information requirement added.

Chapter 6 – Special Populations. Deleted Air Reserve Component paragraph and integrated requirements into area specific chapters. Added altitude adjustments for Reservists who test at elevated altitudes.

Chapter 8 – Administrative and Personnel Actions. Incorporates AFRC administrative/personnel action issues.

Additionally, this issuance implements new guidelines that clarify requirements for the unit-based fitness program (**1.13.3**). The time period for testing following deployment is corrected (**1.13.12**). The fitness software application is identified by name (**1.6.3**) and requirements for timeline on data entry (**1.15.2**) are added. The requirement for Health and Wellness staff to conduct body fat measurements on accessions is specified (**1.19.5**). The minimum period for retest requirements is provided (**3.4**). Exemption parameters and processes are defined (**3.6**). The required sequence for push-ups and crunches is eliminated (**4.3.1.2**). Guidance for the assessment of shift workers (**4.3.1.4**) and intervention for members at geographically separated units (GSU) is provided (**6.3.1.2**) as well as clarification of timelines (**5.2.1** and **5.2.2**) and requirements for education and intervention (**5.2.2.2** thru **5.3**). This revision also provides guidance for the definition and disclosure of protected health information as it relates to the Fitness Program (**5.5.1**) This revision inserts maximum screening weights for accessions (**6.1**), includes Commissioned Officer Training (**6.1**). The guidance deletes IMA/PIRR requirements (**6.4.1**), adds individual reservist administrative actions (**Table A13.2**, **notes 1**), and specifies publication governing the USAFA Cadet Weight and Fitness Program (**6.2**). Commanders are provided guidance for members failing to present a professional military image while in uniform (**8.2.7**). Procedures and formulas for fitness assessment components are corrected (**3.2.3**). Administrative and personnel actions for failing to attain physical fitness standards is clarified (**8.2**). Clarification has been provided by A30/WP for **Attachment 8**. Provided are new guidelines which implement requirements for adjustment to aerobic component

points for members accomplishing the 1.5-mile run at altitudes >5,000 ft. (4.3.3.2.) above sea level and award of full points for body composition if Body Mass Index (BMI) < 25 kg/m² (3.2.2.1.).

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Chapter 1

RESPONSIBILITIES

1.1. US Air Force Chief of Staff (CSAF). Directs implementation of the fitness program.

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

1.2.1. Develops fitness policy.

1.2.2. Directs training programs and provides medical content advice for software development to support the FP.

1.2.3. Directs research to further FP initiatives, testing methods, and fitness standards.

1.2.4. Programs and resources medical aspects of the FP.

1.2.5. Recommends fitness standard modifications to the CSAF.

1.2.6. Conducts annual review of program standards and requirements; provides annual report of findings to the CSAF with recommendations for program improvement.

1.2.7. Collaborates with AF Services (AF/A1S), US Air Force Deputy Chief of Staff for Manpower and Personnel (AF/A1), and HQ AETC/CC on matters relating to fitness policy.

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

1.3.1. Develops personnel policy and guidelines to support implementation/administration of the Fitness Program.

1.3.2. Works directly with HQ USAF/SG as office of collateral responsibility for personnel issues related to fitness policy.

1.3.3. Ensures fitness standards at the US Air Force Academy (USAFA), Officer Training School (OTS), Commissioned Officer Training School (COT), Reserve Officer Training Corps (ROTC), Basic Military Training (BMT), and Technical Training Schools align with this instruction.

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

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

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

1.4. US Air Force Installations and Logistics (AF/A1S).

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

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

1.5. Air Force Medical Operations Agency (AFMOA).

1.5.1. Reports statistical data required by DoD Instruction 1308.3 on fitness assessment (FA) and body composition.

1.5.2. Provides direction and program support for the FP.

1.5.2.1. Provides physiology and nutrition expertise and program management support for the FP by consulting with:

1.5.2.1.1. AF Services Agency (AFSVA) on fitness and nutrition programming, education, and training for fitness centers (FC), dining facilities, and flight kitchens.

1.5.2.1.2. HAWC staffs, MTFs, AFRC Program Managers, and the Air Force Fitness Management System (AFMS) on issues related to fitness and nutrition.

1.5.2.2. Prepares, updates, and coordinates training and materials for FP intervention and education programs.

1.5.2.3. Provides support and assistance for Major Commands (MAJCOM) Health Promotion Directors (HPDs) and consultants with regard to the Health Promotion Programs (HPP).

1.5.2.4. Develops FP training manuals and materials in consultation with the United States Air Force School of Aerospace Medicine Performance Enhancement Division (USAFSAM/PEP).

1.5.2.5. Provides functional expertise to support development and maintenance of the AF FMS software application.

1.5.2.6. Acts as a liaison between the cycle ergometry software developers and the field users. Performs software usability and compatibility evaluation.

1.5.3. Coordinates with the SG Consultant for Nutrition and Dietetics in development and distribution of nutrition education training materials targeting performance (sports) nutrition, weight gain prevention, weight loss, and maintenance of weight loss.

1.5.4. Health Promotion Support Office (HPSO) develops and promulgates standardized fitness program training and educational materials.

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

1.6.1. Works directly with AFMOA/SGPP as office of collateral responsibility to support program administration.

1.6.2. Implements personnel policy.

1.6.3. Updates fitness program software AF FMS based on coordinated guidance and policy.

1.7. Air Force Services Agency (AFSA).

1.7.1. Provides technical assistance and program guidance to the base Fitness Center (FC) for developing Fitness Improvement Programs (FIP) to support the FP.

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

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

1.7.4. Provides technical assistance and program guidance to the base dining facilities in-garrison and at deployed locations in developing healthy and low fat meals in support of the FP.

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

1.8.1. Ensure safe and effective physical training (PT) programs and healthy meals are available.

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

1.8.3. Ensure MAJCOM/SG, in coordination with MAJCOM HPD, appoints a MAJCOM Fitness Program Manager Consultant and a MAJCOM Nutrition Consultant who, in coordination with the MAJCOM HPD, operates as the liaison between installation Fitness Program Managers (FPMs), Registered Dietitians, and AFMOA.

1.9. Wing Commander or equivalent.

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

1.9.2. Encourages and supports unit fitness programs.

1.9.3. Provides appropriate staff, safe facilities, equipment, resources, and funding to establish and maintain PT programs and healthy meals.

1.9.3.1. Provides authorization and funding for HAWC FPM and Information Manager (IM). AFRC units will appoint a wing level Fitness Information Manager (FIM) for the FP as required; this responsibility may be incorporated into the Wing Fitness Coordinator's role.

1.9.3.2. Provides resources from HAWC and FC to assigned and tenant units to support intervention and education components of the FP. Efforts will be made to support ARC units to the maximum extent possible.

1.9.4. Provides resources to assess fitness of assigned and tenant units.

1.9.4.1. Provides a location for all components of the Fitness Assessment (FA). Provides a facility located within the HAWC where cycle ergometry assessments can be conducted under the supervision/observation of HAWC staff.

1.9.4.2. AFRC installation commanders will make arrangements for suitable testing facilities, personnel and funding to establish and maintain PT programs and assessments for assigned units.

1.9.4.3. Ensures FAM is available to conduct cycle ergometry FAs. A centralized pool of AD or civilian/contract FAMs is recommended to decrease FAM training time and unit workload. If AD, FAM should be available for at least 1 year. The FAM requirement does not apply for AFRC units.

1.9.4.4. Approves 1.5 mile run and walk testing course with input from the FPM or the wing Fitness Coordinator at AFRC units.

1.9.5. Ensure equitable administration of AF fitness assessment throughout the installation.

1.9.6. Reviews unit/squadron fitness metrics at least quarterly; ensures members maintain currency **IAW para 3.5.**

1.9.7. AFRC wing commanders promote and support unit FP as mission requirements allow. Wing commanders will establish local policy for subordinate unit commanders regarding use of duty time for PT during unit training assemblies (UTA), annual tours (AT) and special tours.

1.9.7.1. May authorize man-days or points for Reservists to attend voluntary intervention programs at HAWCs.

1.9.7.2. Designates a wing Fitness Coordinator to provide wing-level oversight of the FP.

1.9.7.3. May contract the services of civilian exercise physiologists or FPM to provide individual/group fitness education when these services are not otherwise available.

1.10. Medical Group Commander (MDG/CC).

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

1.10.2. Ensures all medical providers for AF members receive training on FP medical exemption guidelines during initial orientation and at a minimum receive annual refresher training.

1.10.3. Provides Medical Information Systems support for the HAWC computer systems and software.

1.11. AFRC Medical Unit Commander Responsible for Health Service Support to the Wing/Group.

1.11.1. Ensures qualified medical staff provides evaluation for Reserve member participation in duty status PT, FA, and referral to member's Health Care Provider (HCP) for those in high risk or poor fit category. Reserve medical providers perform duty dispositions during UTAs but do not provide medical treatment or extensive behavior modification, nutrition, or fitness education.

1.11.2. Appoints a Fitness Program Medical Liaison (FPML) as the POC for support of the FP.

1.11.3. Coordinates with host MTF to establish medical support to include space-available access to the host HAWC intervention programs.

1.11.4. Provides a local network of health education resources to support the FP as determined feasible and resourced by the wing commander.

1.12. Installation Services Commander/Director. (SVS/CC)

1.12.1. Ensures adequate staff, facilities, and other resources to support fitness and sports operations in-garrison and at deployed locations.

1.12.2. Plans, programs, budgets, and funds the safe and effective, in-garrison FIP classes in consultation with the FPM to include joint SV/SG fitness marketing efforts.

1.12.3. Ensures that all FC staff attends continuing fitness education provided by the FPM at least annually. The exception is non-appropriated fund (NAF) and contract civilians who only work front desk, maintenance, and sports field operations.

1.12.4. Ensures food facility directors provide healthy and low fat meals and a healthy eating awareness program at SVS facilities. This paragraph does not apply to AFRC units.

1.12.5. Ensures Fitness Center Director (FCD) and staff are trained and prepared to support FP in garrison and at deployed locations.

1.12.5.1. Ensures FC staff is trained to support FP, e.g., training courses IAW AF Fitness Golden Eagle Standards, developing and leading group exercise, leading FIP classes, etc. (refer to AFI 34-266 for Fitness Staff Training). FIP and FPM training does not apply to AFRC.

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

1.13. Unit/Squadron Commander (CC).

1.13.1. Promotes, supports, and ensures unit fitness program integrity and provides an environment that is conducive to healthy lifestyle choices.

1.13.2. Provides overall work environment for a community that is supportive of optimal nutrition and fitness by providing access to facilities that provide healthy foods and gives time to exercise during duty time (DT).

1.13.3. Implements and maintains a unit/squadron PT program **IAW guidelines in Attachment 2 and Attachment 3**. PT programs not outlined in **Attachment 3** or MAJCOM/installation guidance should be written, reviewed, and developed in consultation with the FPM.

1.13.3.1. Commanders will identify by written policy a unit-based program led by trained PTL at least three times per week, specifying frequency of required individual participation. The commander will provide FPM with copy of written policy.

1.13.3.2. Air Force Reserve Commanders will determine frequency of PT programs during unit training assemblies (UTA) and annual tour (AT) duty-time (DT) based on mission requirements.

1.13.3.3. Reserve CCs encourage ART personnel to participate in duty-time PT according to AFRC policy for civilian employees and develop plans for their participation.

1.13.3.4. For IMA and PIRR, the CC of the Attached unit will determine PT requirements during Inactive Duty Training for training periods (IDT) and annual tour.

1.13.3.5. Ensures those trained to perform Abdominal Circumference (AC) assessments accomplish measurement for individuals who received a marginal or poor fitness score and are subsequent assessment occurs in a private room or partitioned area within the CSS. If space is an issue in the CSS, the trained CSS staff member may accomplish AC measurement at the HAWC.

1.13.4. Ensures all members are permitted up to 90 minutes of DT for PT 3 times weekly.

1.13.5. Appoints PTL to conduct unit PT and FAs, (1.5-mile timed run, push-ups, crunches, and body composition measurements).

1.13.5.1. The number of PTLs appointed is based on unit needs (gender ratio, number assigned, duty location, duty hours, mission requirements).

1.13.5.2. The appointee(s) should be available to accomplish PTL duties a minimum of 1 year.

1.13.5.3. Ensures PTL attends an initial course and annual recertification provided by HAWC staff prior to overseeing and conducting the unit FP. When feasible, AFRC PTLs attend host HAWC training; otherwise training may be by teleconference (TC), video broadcast, computer based training, etc.

- 1.13.6. Appoints in writing a Unit Fitness Program Manager (UFPM).
- 1.13.7. May appoint other unit members in addition to a trained PTL to conduct body composition assessment. Appointed members must receive training from the FPM prior to conducting FA.
 - 1.13.7.1. Appointed member should be available for a minimum of 1 year.
- 1.13.8. Considers establishing a mechanism to recognize personnel who attain an excellent fitness level or make significant improvement.
- 1.13.9. Administers personnel actions of the program (**Attachment 13**).
 - 1.13.9.1. Ensures all assigned or attached unit personnel are in compliance with all FP requirements (e.g., unit PT, scheduled FAs, HAWC classes and follow-up, and participation in FIP if applicable).
 - 1.13.9.2. Takes appropriate administrative action when an individual fails to accomplish a scheduled FA, attend a scheduled fitness appointment, or maintain the required documentation of exercise while on FIP.
 - 1.13.9.3. Ensures closed fitness case file is placed in the Military Personnel Flight (MPF)-outprocessing package for members departing for Permanent Change of Station or Permanent Change of Assignment and hand-carried to the gaining unit. The losing CSS will retain a copy for 90 days.
 - 1.13.9.4. Open case files should be sealed and forwarded to member's gaining CSS.
 - 1.13.9.5. For Reserve members not in duty status, directs members in poor fit categories to enter into a self-paced fitness improvement program (SFIP). Reservist in the poor and marginal fit categories will complete Healthy Living Program Reserves (HLPR) on-line via AF FMS when HAWC education and intervention programs are not available or accessible."
- 1.13.10. Ensures prior exempted members returning from deployment are tested 42 days (90 days for Reserve) after return and acclimatization period unless member requests to test earlier.
- 1.13.11. Refers deploying members enrolled in FIP to the HAWC for consultation prior to deployment. Reserve CCs are encouraged to refer deploying members in the marginal or poor fit categories to the reserve medical unit (HAWC not available) for consultation prior to deployment.
- 1.13.12. Ensures member's fitness score is current prior to deployment and includes the projected deployment time. This period of currency should include the period of acclimation (42 days) after member returns from deployment.

1.14. Deployed Unit Commander.

- 1.14.1. Provides environment that supports, encourages, and motivates a healthy lifestyle.
- 1.14.2. Appoints a deployed unit PTL to facilitate unit PT program if required or feasible.
- 1.14.3. Ensures personnel enrolled in FIP continue to meet program requirements, if feasible.
- 1.14.4. May conduct official FAs but must have the necessary elements required supporting the fitness program standards (i.e. trained PTL(s), 1.5 mile CC-approved course, screening process, appropriate medical support, access to AF FMS, and in-garrison HAWC support for intervention and education for those who score poor or marginal). Deployment exemption should be rare due to the requirement of having a current fitness status prior to deployment, barring unforeseen circumstances.

1.15. Unit Fitness Program Manager (UFPM).

1.15.1. Within 30 days of appointment, obtains access to the AF FMS and training from the HAWC Information Manager and/or FPM to enter member scores. AFRC UFPMs will obtain AF FMS training from the wing or NAF fitness coordinator or via TC training.

1.15.2. Oversees the administration of the FP for the unit.

1.15.3. Enters and updates exemptions in the AF FMS (include ANG members serving in Title 10 status). ANG must arrange for download of data or provide an alternate method of reporting data for the SG monthly report providing all data elements in AF FMS.

1.15.4. Administers Fitness Screening Questionnaire (FSQ), which must be completed *prior* to testing. Recommend no earlier than 30 days and NLT 7 days.

1.15.5. Schedules individuals for FAs. This includes scheduling cycle ergometry assessments, as dictated by medical clearance, through local procedures.

1.15.6. Ensures member's FA results are entered into the AF FMS within 14 days.

1.15.6.1. Responsible for taking actions commensurate with the member's fitness level.

1.15.6.2. Initiates AF Form 108, *Physical Fitness Education and Intervention Processing*, IAW **para 8.4**.

1.15.6.3. Schedules members for enrollment into a Healthy Living Program (HLP) and Body Composition Improvement Program (BCIP) at the HAWC, as appropriate. Reservists are directed to complete HLPR on-line via AF FMS when HAWC-based programs are not available or accessible.

1.15.6.4. Distributes, tracks, and reviews monthly AF Form 1975, *Personal Fitness Progress Chart*, or electronic equivalent for members on FIP. Notifies the CC and supervisor and/or first sergeant of failure to comply.

1.15.6.5. Initiates a fitness program case file on members scoring < 75 IAW **para 8.4.7**.

1.15.7. Notifies the unit CC of members failing to attend scheduled fitness appointments.

1.15.8. Provides fitness metrics and unit status report to the unit CC/unit leaders monthly.

1.15.9. Should be available for a minimum of 1 year.

1.15.10. May also serve in the capacity of the PTL.

1.16. Immediate Supervisor.

1.16.1. Actively participates in and promotes the FP. Promotes an overall understanding among personnel regarding the intention of the FP, which emphasizes the importance of ongoing training and not the testing.

1.16.2. Allows member up to 90 minutes of DT for PT 3-5 times weekly. In cases where mission prohibits a member from participating in PT, the CC or first sergeant should be notified. For AFRC, ensures members are permitted DT for PT in accordance with unit policy.

1.16.3. Ensures all subordinates complete scheduled FA and attend all required education and intervention appointments.

1.17. Physical Training Leader (PTL).

1.17.1. Attends an initial PTL course provided by FPM prior to overseeing and conducting the unit FP. Maintains currency by receiving annual refresher course or upon change in duty station, whichever comes first. Reservists may complete the AD PTL at the HAWC. If the HAWC course is unavailable, the AFRC PTL may complete virtual training course on the KX web site: <https://kx.afms.mil>.

1.17.2. Completes Cardiopulmonary Resuscitation (CPR) training prior to attending PTL training course. Maintains CPR currency while serving as PTL. Automated External Defibrillator (AED) training is recommended.

1.17.3. Attends PTL FC orientation.

1.17.4. Leads CC-approved unit PT program. This does not apply for AFRC.

1.17.5. Oversees and administers unit FAs.

1.17.6. Maintains a good or excellent fitness level.

1.18. Chief, Aerospace Medicine (MDG/SGP) or equivalent.

1.18.1. Provides medical oversight and training for the installation FP, medical evaluations, waivers, and physical exam standards. For AFRC units, includes medical exemptions, medical profiling, and medical aspects of line-of-duty (LOD) determinations.

1.18.2. Establishes a process that ensures cardiovascular risk assessment is updated and validated during PHA appointments.

1.18.3. Develops local policy for medical clearance of members who answer, “yes” to questions on the FSQ.

1.18.4. Ensures FP policies, medical conditions, and medications affecting FAs, profiles, and exemption procedures are briefed to the medical professional staff at least annually.

1.18.5. Ensures Reserve medical units provide health service support to a wing/group and will designate a Fitness Program Medical Liaison (FPML), normally within the medical unit. The FPML should be a medical provider whose scope of duties includes making medical dispositions.

1.18.5.1. The FPML provides medical dispositions relating to members’ training and testing in the FP based on reports from health care providers.

1.18.5.2. The FPML establishes procedures with AD host MTF for referral of eligible reserve component members for evaluation and treatment.

1.18.5.3. The FPML reports adverse events related to FP participation.

1.19. Health Promotion Flight Commander/Chief, Element Leader, or Health Educator (HE).

1.19.1. HE completes the required certifications and training IAW AFI 40-101.

1.19.2. Facilitates community-based education and intervention to encourage and support physical fitness and activity, healthy eating practices, and weight gain prevention initiatives.

1.19.3. Ensures exercise, nutrition, and life skills education programs are incorporated into required FP education and intervention programs **IAW Chapter 5**.

1.19.4. Ensures HAWC members performing duties related to the FP have received required certification, continuing education, and annual training.

1.19.5. Ensures male and female members of the HAWC staff are trained to conduct height, weight, and body fat measurements (IAW DoDI 1308.3) on accessions referred by AFRS or CSS, as needed. **NOTE:** Accessions include enlisted-to-officer transfers, Palace Chase, and Palace Front.

1.19.6. Acts as FP liaison on Population Health Working Group (PHWG) and Integrated Delivery System (IDS).

1.19.7. Position is not applicable for AFRC units.

1.20. Fitness Program Manager (FPM)

1.20.1. Completes the required certifications and training.

1.20.1.1. Obtains and maintains Health Fitness Instructor certification from the American College of Sports Medicine (ACSM) within 12 months of hire as a condition of employment as indicated by position description.

1.20.1.2. Completes HP Orientation course at USAFSAM within 12 months of employment.

1.20.1.3. Obtains other training (CPR, strength, etc.) as outlined by the position description (PD); certification from the National Strength and Conditioning Association is highly recommended.

1.20.2. Facilitates environmental assessment and community-based education to encourage and support physical fitness and activity.

1.20.3. Serves as a fitness consultant to commanders, first sergeants, and supervisors.

1.20.4. Oversees administration of the installation FP.

1.20.4.1. Provides guidance and approval of group PT programs to ensure safety and effectiveness of programs for unit/squadron commanders.

1.20.4.2. Develops local procedures for the 1.5-mile timed run **IAW Attachment 8**.

1.20.4.3. Trains PTLs to lead unit PT and conduct unit FAs.

1.20.4.4. Trains UFPM and designees on AC measurement policies and metrics.

1.20.4.5. Conducts quality checks (QC) at least annually on unit fitness training and testing (to include AC measurement) programs to ensure safe and effective programs. Ensures CCs are aware that QCs are available for assessment of unit programs.

1.20.4.6. Provides initial training and annual recertification for FAMs to conduct cycle ergometry testing.

1.20.4.6.1. For individuals who are referred by someone other than a PCM, FPMs will follow ACSM's "Guidelines for Exercise Testing and Prescription" (most current edition), in determining if an individual requires medical clearance prior to providing an exercise prescription.

1.20.4.7. Ensures HAWC fitness testing equipment (i.e., cycle ergometers, heart rate monitors) is procured, maintained, and replaced as needed.

1.20.4.8. Ensures adequate availability of ergometry cycles to accomplish fitness testing on members not cleared to run.

1.20.4.9. Coordinates availability of FAMS (volunteer FAM pool, contracted service, etc.) to meet cycle ergometry testing needs.

1.20.4.10. Conducts Staff Assistance Visits (SAVs) on FP at the request of unit CC.

1.20.5. Provides fitness education and expertise **IAW Chapter 5**.

1.20.6. Develops FPs and exercise prescriptions for individuals medically cleared to exercise but exempted from FA components to include pre and postnatal PT programs (AD only).

1.20.7. Coordinates with the FCD to ensure availability and appropriateness of equipment and FIP classes; trains FC staff on installation FIP requirements and procedures.

1.20.8. Provides program education and training as requested.

1.20.9. Provides annual training for FC staff in coordination with the FCD for fitness activities in garrison and deployed locations.

1.20.10. Provides support to ARC units on space available basis.

1.21. AFRC Numbered AF (NAF FC) and Wing Fitness Coordinators (WFC)

The NAF FC/WFC is appointed by the NAF or Wing and is the AFRC FPM counterpart. IMA Readiness Management Group/CC will appoint a WFC to train and support IMA Program Managers and Base IMA Administrators.

1.21.1. WFC's will obtain AF FMS training from the appointed NAF FC or via TC training.

1.21.2. Oversees administration of the wing FP.

1.21.3. Develops local procedures for the 1.5 mile timed run and the 3-mile walk **IAW Attachment 8**.

1.21.4. Conducts periodic quality checks on physical fitness testing to ensure safety.

1.21.5. Reports quarterly statistics to the wing/group CC.

1.21.6. Attends applicable AFRC Fitness Program training courses.

1.21.7. Ensures PTLs are CPR certified and trained in the use of an AED.

1.21.8. Oversees use of fitness software by UFPMs; ensures most recent version of software is installed and maintained.

1.21.9. Provides initial and refresher orientation and training on the FP to UFPMs.

1.21.10. Coordinates with FPML to report adverse events related to FP participation to AFRC/SG.

1.21.11. Assigns AF FMS user roles and privileges to wing personnel.

1.22. Nutrition Program Manager/Certified Diet Therapy Technician.

1.22.1. Must be a credentialed Registered Dietitian (RD) or AF-certified diet therapy technician.

1.22.2. Facilitates environmental assessment and community-based education and intervention (e.g. healthy snacks in vending machines, healthy choices at base dining facilities) to encourage and support balanced eating practices, weight gain prevention, and weight loss maintenance initiatives.

1.22.3. Serves as a nutrition consultant to CC, first sergeants, and supervisors.

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

1.22.5. AFRC diet therapy technicians assigned to deployable units may provide nutrition education and intervention in lieu of HAWC assets.

1.23. HAWC Information Manager (IM).

1.23.1. Serves as installation fitness IM for AF FMS and data collection.

1.23.2. Oversees data quality management.

1.23.3. Ensures members responsible for FAs have appropriate access to the AF FMS.

1.23.4. Under the supervision of the FPM, conducts training for UFPMs on administrative responsibilities, data entry and reporting.

1.23.5. Updates and maintains current versions of cycle ergometry software in the HAWC.

1.23.6. Provides routine technical support and maintenance for HAWC computer systems.

1.23.7. Manages templates and schedule for education and intervention programs **IAW Chapter 5**.

1.23.8. Builds and maintains HAWC web page.

1.23.9. For AFRC units, fitness information managers (FIM) have the responsibilities of **para 1.23.1**.

1.24. Fitness Assessment Monitor (FAM).

1.24.1. Conducts cycle ergometry assessments at the HAWC.

1.24.2. Completes and passes initial/annual refresher training on cycle ergometry testing.

1.24.3. Refers members with FP questions concerning safety, or test score to the UFPM or FPM.

1.24.4. Refers members with inconclusive or invalid cycle ergometry results to the UFPM to be rescheduled within 5 duty days.

1.24.5. FAMs are not applicable for AFRC units.

1.24.6. Obtains CPR certification prior to training. Completes and passes refresher CPR training.

1.25. Military Treatment Facility (MTF) Medical Provider or Primary Care Provider (PCM).

1.25.1. Obtains and maintains current information on FP policy, screening, profiling, and exempting procedures for FAs and training. This includes appropriate exemptions for those prescribed medications, which affect heart rate or performance on maximal exertion FA. (**Attachment 15**)

1.25.2. Completes training provided by the FPM regarding FP policies, medical conditions affecting FAs, and profile and exemption procedures at least annually.

1.25.3. Reviews cardiovascular risk screening on all members during Preventive Health Assessment (PHA) evaluations to determine risk level.

1.25.3.1. Providers are encouraged to use the Cardiovascular Risk Assessment and Management (CRAM) tool, which is designed to improve the early identification, care prioritization, and management of AF personnel at elevated risk for developing coronary heart disease.

1.25.4. Makes a medical disposition modifying exercise participation on any visit, which affects the member's ability to perform PT.

1.25.5. Provides guidance on limitations and instructions on exercise elements that should be maintained. This includes appropriate exemptions for those prescribed medications that affect heart rate and/or performance on maximal exertion FAs. Refer to **Attachment 15** for medication lists.

1.25.6. Provides risk assessment and recommendations for members referred by FPM or unit due to positive response on FSQ (**Attachment 4**).

1.25.7. As referred by CC, FPM, supervisor or UFPM, evaluates members who remain in category poor for >180 days to rule out medical cause.

1.25.8. Completes AF Form 422, Physical Profile Serial Report, for members unable to perform any component of the fitness test or with existing medical conditions that preclude any component of fitness testing or conditioning **IAW Chapter 4**.

1.25.8.1. Provides specific guidance on limitations and instructions on exercise elements that should be maintained.

1.26. AFRC Medical Provider.

1.26.1. The AFRC Reserve providers will perform the duties in **para 1.25** in UTA inactive duty status within their scope of practice.

1.26.2. Attends FPML training as required regarding FP policies, medical conditions affecting FAs, and profile and exemption procedures.

1.26.3. For unit reservists, reviews cardiovascular/health risk screening during RCPHA evaluations to determine risk level and ability to fully participate in PT and testing.

1.26.4. Performs FP participation assessments on Reserve members referred by the CC or UFPM.

1.26.5. Provides risk assessment and recommendations for members referred by UFPMS due to positive response on the FSQ.

1.26.5.1. For positive responses related to a medical concern or condition that is not in line of duty (LOD), the provider will either clear the member for testing or advise the member to seek further evaluation from his/her health care provider (HCP).

1.26.5.2. Reports results back to the unit.

1.26.5.3. Notifies UFPM of all medical exemptions pending further evaluation by HCP.

1.26.5.4. Reviews medical information from member's HCP to access ability to participate in the FP/FA.

1.26.6. Provides medical assessment of any injuries sustained during FA and initiates appropriate referral, LOD, and profiling actions.

1.26.7. Evaluates members who continue to score < 70 for > 12 months to rule out a medical cause.

1.26.8. A military provider must validate exemption recommendations by HCP.

1.27. Individual.

1.27.1. Maintains a healthy lifestyle by participating in unit PT program according to guidelines outlined in [Attachment 2](#).

1.27.2. Meets AF fitness minimum standards >70 and strives to achieve score of > 75.

1.27.3. Attends all required FP appointments.

1.27.3.1. Obtains required materials from UFPM, to include but not limited to AF Forms 108 and 1975, prior to attending the HAWC education and intervention classes.

1.27.3.2. Members enrolled in the FIP and/or BCIP are responsible for scheduling monthly follow-up session(s) with the FPM and/or BCIP provider until the member achieves a score > 70. Member will notify UFPM of follow-up sessions. The UFPM will notify CCs of individuals not scheduling or who are no-shows for follow-ups.

1.28. IMA and PIRR. IMAs and PIRRs participating for pay and/or points are subject to the provisions in this AFI. The UFPM for the unit to which the IMA or PIRR is assigned/Attached ensures the FA is accomplished and appropriate follow-up is completed.

1.29. Military Personnel Flight (MPF).

1.29.1. Appoints an installation personnel consultant for the FP.

1.29.2. The appointee serves as a consultant to unit commanders on personnel actions.

1.29.3. The personnel consultant or designee will conduct administrative SAVs as requested or directed by competent authority.

Chapter 2

UNIT PHYSICAL FITNESS TRAINING PROGRAM

2.1. Commander-driven physical fitness training is the backbone of the AF physical fitness program. The program promotes aerobic and muscular fitness, flexibility, and optimal body composition of each member in the unit.

2.2. Physical training

2.2.1. Physical training time must be included as an integral part of mission requirements.

2.2.2. The program will meet the current ability level of the members while encouraging and challenging members to progress to a higher fitness level.

2.2.3. The 1.5-mile timed run, cycle ergometry, 1 and 3 mile walk, AC, Body Mass Index, push-up and crunch tests are designed as a measurement of the effectiveness of the PT program. However, training should not be limited to these test activities.

2.2.4. The unit PT program should incorporate the guidelines in [Attachment 2](#) to develop general fitness, prevent boredom, and prevent repetitive strain injuries. Sample programs are provided at [Attachment 3](#).

2.2.5. Group-sporting events such as volleyball, softball, etc., may be considered for esprit de corps, but not as a group PT program.

2.2.6. AFRC unit training DT (UTA, IDT, and AT) can include PT at the commander's discretion, as an integral part of mission requirements. IMAs follow program requirements of their attached unit.

2.3. Prevention of injury and illness

2.3.1. Safety must be an overarching concern throughout PT and testing. Consider individual safety issues such as medical or physical limitations and level of ability.

2.3.2. Ensure a safe environment for training by assessing traffic patterns, use of headphones or other personal equipment, temperature, availability of water/first aid, and awareness of emergency procedures.

2.3.2.1. Consult AF Pamphlet 48-151, *Thermal Injury*, regarding procedures to prevent heat and cold injury. Physical conditioning conducted in PT uniform (shorts and t-shirt) may be performed continuously up to 1 hour in all but black flag heat condition. Limit PT in black flag heat conditions to 20-40 minutes of continuous activity. These guidelines are based on a single, isolated training event.

2.4. Running in formation is highly discouraged as a form of unit PT. Formations runs are used for esprit de corps but are not compatible with PT requirements to meet the goal of improving physical fitness and can have negative training effect on both the very fit and poor fit members.

Chapter 3

PHYSICAL FITNESS STANDARD

3.1. General.

The AF uses a composite fitness score based on aerobic fitness, muscular strength and body composition to determine overall fitness. Overall fitness is directly related to health risk, including risk of disease (morbidity) and death (mortality). A composite score of 70 represents the minimum accepted health, fitness, and readiness levels. Health and readiness benefits continue to increase as body composition improves and physical activity and fitness levels increase. Members are encouraged to optimize their readiness status/posture by improving their overall fitness.

3.2. Determining composite fitness score.

3.2.1. Age and gender-specific fitness score charts are provided in [Attachment 12](#).

3.2.2. Members will receive a composite score on a 0 to 100 scale based on the following maximum component scores: 50 points for aerobic FA, 30 points for body composition, 10 points for push-ups and 10 points for crunches.

3.2.2.1. Full complement of points (30) is awarded for body composition for BMI <25 kg/m² regardless of AC measurement. **However, an AC measurement will be performed on all members regardless of BMI.** If the member's BMI is ≥25, the member's AC measurement is used to calculate component points:

Example: 25 yo male: BMI 22.4; run time 10:10 (45 pts); push ups: 60 (10 pts); sit-ups: 55 (10 pts); AC: 33 (30 pts)= Score 95% (excellent category)

Example: 25 yo male BMI 27; run time 10:10 (45 pts); push ups: 60 (10 pts); sit-ups: 55 (10 pts); AC: 36 (22.2 pts)= Score 87.2% (good category)

3.2.3. The score is determined by the following formula:

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

Component:	Aerobic Fitness	Abdominal Circumference/ BMI <25 kg/m ²	Push-up	Crunch
Possible Points:	50	30	10	10

3.2.4. Scoring for exemptions: Members with a medical profile prohibiting them from performing one or more components of the FA will have a composite score calculated on the tested components. AC will be performed on all members, unless exempted by provider (**IAW para 4.2.4.**), since there is no risk to the member. Examples:

1) Member exempted from push-ups: If member receives 40 points for aerobic fitness, 24 pts for AC and 8 pts for crunch test; the total component pts achieved = 72. Possible pts from aerobic fitness, AC, and crunch tests = 90 pts. Composite score is: (72/90) x 100 = 80 pts.

2) Member exempted from aerobic fitness: If member receives 21 pts for AC, 9 pts for push-ups and 7 pts for crunch test; the total component pts achieved = 37. Possible pts from AC, push-up and crunch tests = 50 points. Composite score is: $(37/50) \times 100 = 74$ points.

3) Member exempted from aerobic fitness, push-up, and crunch tests: If member receives 21 points for AC; the total component pts achieved = 21. Possible points from AC = 30 pts. Composite score is: $(21/30) \times 100 = 70$ pts.

3.3. Fitness Levels. Composite scores represent a health-based fitness level. As the fitness level increases, Airmen are better able to tolerate extremes in temperature, fatigue, and stress, while optimizing performance in the deployed environment.

3.3.1. **Excellent.** Composite score ≥ 90

3.3.2. **Good.** Composite score of 75-89.99

3.3.3. **Marginal.** Composite score of 70-74.99

3.3.4. **Poor.** Composite score < 70

3.4. Scheduling. Frequency of FA should be based on the previous fitness score unless earlier assessment is necessary to accommodate the deployments.

3.4.1. **Excellent/Good.** Test within 12 months.

3.4.2. **Marginal.** Test within 90 days, but not during the first 42 days of achieving a marginal score. This time period facilitates lifestyle change and sufficient conditioning time to increase fitness level while preventing injury. Reserve (except AGR) members test within 6 months (NLT first day of 7th month).

3.4.3. **Poor.** Test within 90 days, but not during the first 42 days after testing. This time period facilitates lifestyle change and sufficient conditioning time to increase fitness level while preventing injury. For Reserve members (except AGR), test within 180 days (NLT 1st day of 7th month).

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

3.5.1. **Excellent/Good Score.** Must retest within 12 months; considered non-current on the 1st day of the 13th month after their last FA (i.e., if tested 1-31 January, the member is due the following January and becomes non-current on 1 February). In the AF FMS, the member will show as due to test at the 366th day; however they will remain current and thus allow the UFPM to test that member during the 12th month prior to becoming losing currency.

3.5.2. **Marginal Score.** Must retest within 90 days **and** complete the HLP, unless completed in the past 12 months. Reservists (except AGR) must retest within 180 days and complete HLPR or HLP.

3.5.3. **Poor Score.** Must test within 90 days and complete the HLP. Members in the poor category > 90 consecutive days must complete the HLP either by class or individual follow-up. Members with a high AC (males $> 40''$ or females $> 35''$) are also enrolled into BCIP. Reservists (except AGR) must test within 180 days, and complete HLPR or HLP. If activated, Reservist will complete HLP, FIP, and BCIP.

3.5.4. If a member is unable to complete any scheduled FA or class due to mission requirements, the member must receive written approval from the unit CC. A copy of the written approval is filed by the UFPM in the member's PIF. The member must be rescheduled and attend the missed appointment within 15 duty days of mission requirement completion. For Reserve members unable to complete any scheduled FA due to mission requirements or rescheduled/excused UTA, the member must be rescheduled at the next available UTA/IDT assessment date.

3.6. Exemptions. Members are mandated to complete a composite fitness assessment annually. Optimally, members should complete the entire composite test, but at a minimum, the aerobic and AC measurement requirements must be met every 12-months. Exemptions are designed to categorize members as unable or unavailable to train or test for reasons beyond the control of the member or commander for a limited time period as outlined in [Table 3.1](#).

3.7. Component Exemptions. The CC may grant members an exemption from components (aerobic assessment, crunches and/or push-ups) of PT or assessment based on medical recommendations IAW [4.2.3](#). When the member's aerobic component exemption expires or is cleared by the provider, the member will repeat the full composite assessment (**IAW Table 3.1**).

3.8. Composite/Component Exemptions:

Table 3.1. Composite Exemptions (See notes following chart).

Type	Definition	Testing/Retesting Requirements
Composite	Member is prohibited from completing all components of the FA.	The member is allowed 42 days for training following the expiration of the medical exemption. (Note 1 and 3)
Component exemption	The commander may grant members an exemption from components (aerobic assessment, crunches and/or push-ups) of PT or assessment based on medical recommendations IAW para 4.2.3. and 4.2.4. for a time-limited period. Cycle ergometry can be substituted for the aerobic component if medically indicated.	When the provider clears the exempted aerobic component of testing, the member will then be scheduled to complete the FA after 42 days. Other component exemptions do not require assessment until next test is due based on composite score performance and a 42 day post-exemption retraining period will be granted prior to a required assessment. (Note 2)
Deployment	Member due to deploy will test prior to deployment to maintain the members current status in the AF FMS.	If the commander grants exemption, the member is given 42 training days and is then required to complete assessment. (Note 4)
Commander	Members unable to complete an assessment for time-limited, unforeseen catastrophic event that precludes training and testing for greater than 30 days (e.g., Sept 11 th) may be exempt for that period.	If the exemption exceeds 30 days, the member is given 42 days following the expiration of the exemption for training. (Note 4)

Additional Notes:

1. AC measurement and aerobic component will be tested annually. Cycle ergometry can fulfill requirement if medically indicated.
2. For AFRC, if there are multiple component exemptions with different expiration dates, the composite FA can be delayed until all expire if the expiration dates are within a 90-day period.
3. Member is exempt from FA during pregnancy and 180 days after delivery date **IAW para 4.2.9.1.** and **4.2.9.2.** Pregnant members who were in the poor category prior to becoming pregnant will continue to participate in the FIP and document.
4. If testing is not possible due to extenuating circumstances beyond the individual's or commander's control, or the deployment is extended beyond the member's currency, the commander may grant a deployment exemption but this should be the exception.
5. ARC: Non-participating ARC member listed on unit roster but unable or unavailable to participate for pay or points (examples are new accessions awaiting BOT/COT/BMT, members on 4T medical profiles).

6. Exemptions are not granted for members in outbound status; members who are due to test prior to the RNLTD must be tested prior to PCS. Members on PTDY in conjunction with terminal leave and/or on terminal leave may be exempt until the member is removed from active status.
7. Members in inbound status are given 42 from his/her RNLTD date to acclimatize before testing.
8. All members for whom medical exemption from testing or for whom fitness training must be modified for greater than 30 days, including pregnancy, will be referred to the FPM, or appropriate ancillary provider (e.g. physical therapist) for an exercise assessment, prescription and counseling, or rehabilitation program. Reserve members (except AGR) will be advised to consult a personal provider/trainer

3.9. Temporary exemptions.

Should not be issued for personnel still currently assigned to a unit solely for the purpose of removing a member from the denominator (i.e., impending retirements, separations, etc.).

Chapter 4

PHYSICAL FITNESS ASSESSMENT

4.1. General. The unit will conduct all body composition, 1.5-mile timed run/cycle ergometry/timed walk, pushups, and crunch assessments. Assessment must be conducted by a trained PTL.

4.2. Medical Screening and Intervention.

4.2.1. All members must complete the FSQ prior to fitness testing.

4.2.1.1. All members must complete the FSQ (**Attachment 4**) no earlier than 30 calendar days, but NLT 7 days prior to FA to provide time for medical evaluation, when indicated. Reserve members should complete the questionnaire on the UTA/ID prior to testing period.

4.2.1.2. A provider must clear a member with a positive FSQ prior to their FA. Member must notify their UFPM. The provider completes the Medical Clearance Letter (MCL) (**Attachment 5**) and an AF Form 422, if applicable.

4.2.1.3. The UFPM files the FSQ in the member's PIF. The MCL and AF Form 422 are retained in the member's PIF for 1 year. PCMs will evaluate and refer Reserve members who have a positive on the FSQ (except yes to question 3) to the reserve medical unit prior to their FA. Refer IMA/PIRR to the host MTF. AGRs will be referred to their servicing MTF.

4.2.2. Providers may authorize temporary medical exemptions for medical conditions that prevent a member from safely participating in specific PT testing/training programs. The provider will specify the length of time required for exemption and the time member will be cleared to test. This period should include rehabilitation time required to resume training but not include a period for reconditioning. The AF FMS adds 42 days to exemptions to allow for reconditioning. Assessment for participation in PT activities should be made at each visit. In cases where military members are referred to non-military providers and in cases of Reserve members bringing recommendations from their personal HCP, an AF provider must make the final disposition for any medical exemption.

4.2.3. Providers may recommend exemption from the following:

4.2.3.1. Aerobic fitness test. The physician should specify exemption from running, walking, cycling, or all three based on injury, illness, or unacceptable cardiovascular risk.

4.2.3.2. Push-up test. Acute upper extremity injury or other limiting condition may be cause for temporary exemption.

4.2.3.3. Crunch test. Acute injury to the back, abdomen, or other limiting condition may be cause for temporary exemption.

4.2.4. With rare exceptions, providers may not recommend exemption from AC testing.

4.2.5. Providers will not recommend total exemption from a regular fitness/exercise program; but will recommend specific conditioning appropriate for the medical condition. The provider will refer the member medically cleared for exercise but exempt from specific activities, to the FPM, or appropriate ancillary provider (e.g. physical therapist) for fitness/rehabilitative consultation.

4.2.5.1. Reserve medical unit (RMU) providers will advise members to consult their HCP for evaluation if indicated to recommend specific PT appropriate for medical condition or may refer

the member to host FPM if available. RMUs will provide evaluation for participation in DT PT/ testing and for conditions found in LOD or service aggravated. MTFs can provide space available evaluation as required for Reserve members. IMA/PIRRs may be referred by the MTF to their HCP. To obtain an exemption based on evaluation and recommendation of HCP, the member must provide the RMU with medical documentation to include diagnosis, treatment, prognosis, and physical limitations or restrictions.

4.2.6. Providers will annotate member's PT restrictions and capabilities to include the expiration date on the AF Form 422, Physical Profile Serial Report. Providers should review **AFI 48-123** (*Medical Examinations and Standards*), **para 4.5.5** (*Physical Training and Fitness Testing*) and **para 4.8.6** (*Physical Restrictions/Fitness Exemptions*). Member will test after 42 days of expiration of date of restriction/profile.

4.2.6.1. Medical exemptions will last no longer than 1 year, with the exception of pregnancy exemptions and those with a permanent exemption following an MEB/PEB.

4.2.7. Refer to **AFI 48-123** for medical standards for continued military service. Members found to have medical conditions that potentially limit their ability to perform duties in their AFSC for greater than 1 year or that may limit deployment or worldwide assignment must be placed on a 4T profile and MEB actions initiated.

4.2.7.1. Exemption from one or more components of the FA without limitation as noted above will NOT be cause for MEB processing.

4.2.7.2. Members who are physically unable to participate in a fitness-exercise program for greater than 1 year due to medical conditions should be presumed to be non-deployable, non-assignable and MEB processing will be initiated NLT 1 year after the first profile for the affecting condition IAW **AFI 48-123**, Medical Examination and Standards.

4.2.7.3. Members who undergo MEB/PEB for any medically disqualifying condition must be profiled in accordance with the medical guidance from AFPM/DPAMM and the recommendations of their PCM.

4.2.8. Members will not be required to fitness test for at least 42 days if exempt from all forms of exercise >30 days. This period should be annotated on the **AF Form 422** in the "comments" section.

4.2.9. Pregnant service members will engage in physical activity to maintain cardiovascular and muscular fitness throughout the pregnancy and postpartum period in accordance with medical guidance (American College of Gynecology/American College of Sports Medicine). Pre-natal counseling will include information on safe PT and nutrition for appropriate weight gain during pregnancy.

4.2.9.1. Members will be exempted from FA during pregnancy and for 180 days after delivery. This exemption is only for the FA and does not exclude the member from participating in a fitness-training program. Members should discuss their fitness program with their provider and consult with the FPM. All individuals will maintain workout documentation on AF Form 1975. Pregnant members who were in the poor category prior to pregnancy will continue to participate in the FIP and document that participation.

4.2.9.2. The member's HCP will determine fitness test exemption for pregnancy ending earlier than full term.

4.2.9.3. Pregnant Reserve members should discuss their fitness program with their personal physician.

4.2.10. Medical exemptions for FA should not affect assignments, evaluations, training, or promotions unless the member is affected by a 4T profile/MEB action as noted above.

4.3. Assessment Procedures.

4.3.1. All components of the FA (body composition, aerobic and muscular FAs) must be completed on the same duty day. If extenuating circumstances occur, i.e. rapidly changing or severe weather conditions, natural disasters, emergencies, safety issues, etc, then all components must be completed within 5 duty days. Reserve members must be in a duty status for assessments.

4.3.1.1. The body composition assessment, to include height, weight (calibrated scale), and AC, is performed by unit members appointed and trained IAW para 1.13.7. and 1.19.5.

4.3.1.2. The muscular FA (push-ups then crunches) may be accomplished before or after the 1.5-mile run, but must be completed after the cycle ergometry test (or 1-mile walk for eligible members).

4.3.1.3. There should be a 3-minute rest period between components.

4.3.1.4. The assessment components should be scheduled to allow adequate rest for members on irregular/shift work hours.

4.3.2. Body Composition Assessment.

4.3.2.1. Height and Weight.

4.3.2.1.1. Obtain height and weight IAW DoDI 1308.3 and procedures provided in Attachment 7. These measurements are not factored into the member's composite score * except for individuals with BMI < 25 kg/m² (see para 3.2.2.1.).

4.3.2.1.2. Members who have a Body Mass Index (BMI) < 19 kg/m² will be referred to their PCM for medical evaluation when first detected. Attachment 7 contains the BMI calculation.

4.3.2.2. Abdominal Circumference Assessment (AC).

4.3.2.2.1. The AC measurement is used to obtain the body composition component score.

4.3.2.2.2. The measurement technique is outlined in Attachment 7.

4.3.3. Aerobic Fitness Assessment.

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

4.3.3.2. Members testing at installations \geq 5,000 feet above sea level will have additional points awarded to reflect physiological differences in oxygen capacity at high elevations. The score adjustment will be calculated and reflected in the AF FMS.

4.3.3.3. Members medically exempted from the run and cleared for a sub-maximal test will complete the cycle ergometry, 1-mile walk, 3-mile walk (AFRC), or Fit Step test (ANG) test according to procedures in Attachment 9, Attachment 16, and Attachment 17.

4.3.3.3.1. Cycle Ergometry is the standard submaximal test for active component and IMA members. Three-mile walk is the standard submaximal test for AFRC units. The Fit Step test is the standard submaximal test for ANG units. The 1-mile walk is an allowable substitute submaximal test when the standard test is not indicated or not available. **Note:** the member does not select the submaximal test method. The unit CC determines which test to use based on medical recommendations.

4.3.3.4. Members receiving an inconclusive cycle ergometry assessment:

4.3.3.4.1. Members who receive an invalid cycle ergometry result must be reassessed by cycle ergometry within 5 duty days. An unexcused failure to return for a reassessment will result in administrative action. If the member is an IMA, reassesses by cycle ergometry on the next IDT or AT, whichever comes first.

4.3.3.4.2. FPM will review members who receive a second consecutive inconclusive test score.

4.3.4. **Muscular Fitness Assessment.**

4.3.4.1. Upper body muscular strength/endurance is measured with a 1-minute timed push-up test. For testing procedures and techniques, see [Attachment 11](#).

4.3.4.2. Abdominal muscular strength/endurance is measured with a 1-minute timed crunch test. For testing procedures and techniques, see [Attachment 11](#).

Chapter 5

PHYSICAL FITNESS EDUCATION/INTERVENTION

5.1. Ongoing Education and a Supportive Environment. Ongoing education and a supportive environment for all members and early intervention for marginal and poor fit members are essential to maintain health and fitness of the force.

5.1.1. The installation environment will be conducive for all members to maintain a healthy lifestyle.

5.1.2. A community-based education and awareness program addressing optimal nutrition, body composition, and fitness will be evident to all members.

5.1.3. AGR members will attend AD host programs at collocated bases. IMA, PIRR, and traditional reservists at collocated bases may attend host HAWC intervention and education programs on a space available basis. AGR members at non-collocated bases will have the same intervention requirements as AD GSU personnel IAW **para 6.3**. All other reservists will complete HLPR on line when education and intervention programs are not available or accessible.

5.2. Intervention. Will be provided for all AD and AGR Reserve members with a marginal or poor score.

5.2.1. **Marginal.** Members must attend the HLP (**para 5.3.1.**) workshop. Members who have attended the HLP within the past 12-months are encouraged, but not required, to repeat the workshop.

5.2.1.1. Members must document his/her exercise participation on an AF Form 1975 or an electronic tracking system and have it reviewed and signed monthly by the UFPM. Review is not required by FPM.

5.2.2. **Poor.** Members must attend the HLP. Members who have completed HLP in the past 12 months are required to either repeat the class or complete an individual follow-up with the FPM with each poor score. (**para 5.3.1.**)

5.2.2.1. Members scoring < 70 and with an AC > 40 inches for males or > 35 inches for females must enroll in the Body Composition Improvement Program (BCIP) (**para 5.3.2.**) and participate until the member scores ≥ 70 points.

5.2.2.2. Members must participate in a unit Fitness Improvement Program (FIP).

5.2.2.2.1. Members will exercise 4-5 days per week. This may be accomplished during the member's unit PT program or at a FC-led designated FIP class.

5.2.2.2.2. Members are required to monitor heart rate/intensity during the FIP.

5.2.2.2.3. Members are required to have their AF Form 1975 signed by the FIP class instructor, certified PTL, or FPM at the end of each exercise session and reviewed at monthly HLP follow-up by the FPM.

5.2.2.2.4. Members will attend a monthly HLP follow-up session with the FPM to discuss fitness plan for improvement until the member achieves a score ≥ 70 . Reservists are directed to complete HLPR on-line if programs are not available with host HAWC.

5.2.2.2.5. Reservists in non-duty status cannot be ordered to perform PT, but they can be held accountable for meeting fitness standards at retest intervals. SFIP is a tool to help member and commanders document progress. Reserve SFIP will use AF Form 1975 to document heart rate, type, intensity, and frequency of exercise. AF Form 1975 will be reviewed and signed by the PTL and the individual's immediate supervisor each UTA/IDT.

5.2.2.2.6. Members at GSUs or other locations where HAWCs are not available may receive HLP, FIP, and BCIP education and intervention through distance learning tools, electronic media, and virtual program management (e.g. TCs and/or VTCs) approved by MAJCOM HPD/FPM or AFMOA/SGPP. HAWC staff at the unit's host or servicing base may oversee and accomplish the required interventions.

5.3. Programs Provided by the HAWC. The following programs are provided by the HAWC, at a minimum, to provide early intervention and assist members in improving overall fitness (**NOTE:** Per **5.2.2.2.3**, FIP is supported by the HAWC through monthly fitness follow ups with the FPM).

5.3.1. Healthy Living Program (Renamed-formerly Healthy Living Workshop).

5.3.1.1. Initial minimum 2-hour class required for all AD and AGR members receiving a composite fitness score < 75; members must attend within 10 duty days of FA. Members who have attended the HLP within the previous 12 months are encouraged, but not required, to repeat the class for marginal scores but must be repeated each time a member receives a poor score. A monthly fitness follow-up session with the FPM may count as a subsequent HLP for members in poor category.

5.3.1.2. Consists of three educational components: behavioral change, nutrition, and exercise.

5.3.1.2.1. Behavioral change component focuses on successful strategies to ensure program success, preferably taught by a life skills provider but a life skills technician is acceptable as an alternative.

5.3.1.2.2. Nutrition component focuses on nutrition education, balanced diet, and healthy food selection. Members should maintain a food diary. Counselors will provide information about how to eat for optimal exercise/physical performance.

5.3.1.2.2.1. Will assist in developing individual exercise and eating plans to meet AF fitness standards.

5.3.1.2.3. Exercise component focuses on development of specific training variables critical to fitness improvement.

5.3.1.2.4. The MAJCOM Nutrition Consultant, Exercise Physiologist, and Behavioral Health Specialist must approve any modifications to their respective elements of the HLP.

5.3.1.2.5. A team composed of an RD, exercise physiologist, behavioral health specialist, or other medical staff member authorized to provide nutrition, exercise, and behavior counseling conducts the HLP.

5.3.2. Body Composition Improvement Program (BCIP).

5.3.2.1. AD and AGR members who score < 70 and have an AC > 40 inches (male) or > 35 inches (female) will attend the first session of BCIP (a multidisciplinary, multi-session body composition

improvement program) within 10 duty days of completing the HLP. BCIP sessions should be scheduled and attended in sequential order.

5.3.2.2. The multidisciplinary, multi-session program will include:

5.3.2.2.1. Development of an individualized plan to modify lifestyle

5.3.2.2.2. Nutrition education and counseling

5.3.2.2.3. Behavior modification

5.3.2.2.4. Self-monitoring techniques

5.3.2.2.5. Weight-loss maintenance

5.3.2.2.6. Monthly follow-up sessions until a score of ≥ 70 is achieved and will include at a minimum:

5.3.2.2.6.1. Review of members' mandatory food records; additional topics may include, but are not limited to, areas addressed in **para 5.2.2.2.1., 5.2.2.2.2. and 5.2.2.2.3.**

5.3.2.2.6.2. May be conducted in-group or individual format. For individuals, encounters may be conducted via telephone or by locally approved electronic transmission.

5.3.2.2.6.3. Follow-ups may be accomplished by a dietitian, psychologist, or other provider in accordance with member's goals/needs and coordinated with the BCIP instructor.

5.3.2.3. The MAJCOM Consultant dietitian must approve the BCIP and any modifications to the program.

5.3.2.4. An RD, nutritional medicine technician, or other medical staff member authorized **IAW AFMAN 44-144** to provide nutrition counseling and conduct the BCIP.

5.4. Fitness Review Panel (FRP)

5.4.1. The UFPM will schedule a FRP meeting with the FPM to discuss members in the poor category who fail to achieve a higher category at the 90 day retest (180 day retest for AF reservists).

5.4.2. The multidisciplinary panel will:

5.4.2.1. Review AF Forms 1975 and food records, as applicable. Evaluate the member's fitness program, test results, and barriers to improvement.

5.4.2.2. Recommend additional intervention to assist the member in a successful program outcome. Document these goals and recommendations on AF Form 108 for the CC's signature.

5.4.2.3. Consist of the minimum necessary panel members to achieve the requirements **IAW para 5.4.2.1. and 5.4.2.2.** (e.g. member, member's immediate supervisor, FPM/HPM, dietitian/diet therapist, medical provider, other involved agencies or departments). **NOTE:** the FRP is not an administrative action review process.

5.5. Protected Health Information

5.5.1. Training information (i.e. 1975, electronic log, etc), FA including run times and VO2 scores, push-ups, crunches, and AC component/ composite scores do not meet the definition of protected health information (PHI) as outlined in **DoD 6025.18R, DoD Health Information Privacy Regulation.**

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

5.5.2.1. If PHI must be shared with the CC or staff (e.g. FRP), an accounting of the specific information released must occur as outlined in **DoDI 6025.18** and in local MTF policy unless the member provides written authorization to disclose the information.

Chapter 6

SPECIAL POPULATIONS

6.1. Accessions. Weight and body fat determinations (as accomplished at MEPS or other point of entry to service) remain part of accession physical standards and may also be used as entry criteria for accession training programs. Weight standards are delineated in [Table 6.1](#). Procedures are delineated in DoDI 1308.3. The AF entry screening standards are: maximum weight BMI of 27.5 kg/m² (see [DoDI 1308.3](#), Table E2.T1) and maximum body fat of 20% for males <30, 24% for males ≥30, 28% for females <30, and 32% for females ≥30. Applicants exceeding these body fat standards are disqualified for entry into the AF. Those at or below the minimum weight (BMI of 19) must undergo medical evaluation prior to consideration for acceptance.

Table 6.1.

		Represents Minimum Weights for BMI of 19.0																					
Height (inches)	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80
Weight (pounds)	91	94	97	100	104	107	110	114	117	121	125	128	132	136	140	144	148	152	156	160	164	168	173

6.2. Students. Commanders, Superintendents, or Commandants of units such as the USAFA, BMT, Advanced Technical Training Centers, Undergraduate Pilot and Navigator Training Centers, BOT, ROTC, Graduate Medical Education, and AFIT education programs will align fitness-testing standards with this instruction. A FA composite score of ≥ 75 is required for AF, AFRC and ANG members to graduate from Technical Training or to obtain a commission through USAFA, ROTC, BOT or Academy of Military Science. Students assigned to civilian institutions (e.g., AFIT) will participate in FAs conducted by local ROTC detachment, where available, base of servicing MTF (since member is not assigned to any unit on base, the HAWC will schedule member to be tested by a base PTL) or other arrangements as determined by the assigned CC. Results of FAs will be entered into the AF FMS by the UFPM or designated alternate at the unit of assignment. Results of fitness assessments will be entered into the AF FMS database for purposes of tracking, generating reassessment dates, metrics, and reports.

6.3. Geographically Separated Units (GSUs)/Individuals.

6.3.1. Members will complete all components of the AF fitness test.

Members not medically cleared to run will complete the cycle ergometry assessment. When cycle ergometry Members testing is not available, the member may be assessed using the 1-mile walk test ([Attachment 10](#)). The submaximal aerobic test for GSU Reserve members is the 3-mile walk, ([Attachment 16](#)) cycle ergometry or 1-mile walk as determined by CC and PCM.

6.3.1.1. Medical provider will determine if any prescribed medications affect test results. ([Attachment 15](#))

6.3.1.2. The FPM at the supporting installation will provide fitness expertise, training, and education to support the GSU commander.

6.3.1.3. Medical evaluations may be accomplished at non-Air Force MTFs.

6.3.1.4. For AFRC GSUs the fitness coordinator at the NAF will provide support to UFPMs and commanders. HQ AFRC program manager will support UFPMs at DRU.

6.3.1.5. In unique circumstances (only one AF member at a location), the unit CC may authorize the member to be tested by a non-AF person trained by the servicing HAWC. Results of the FA will be entered in the AF FMS by a UFPM in the parent organization.

6.4. Individualized Mobilization Augmentees (IMA) and Participating Individual Ready Reservists (PIRR).

6.4.1. IMAs and PIRR will be assessed at least annually (fitness level driven) by the unit of attachment during the member's AT, if possible, or during an inactive duty-training period (IDT). IMAs/PIRR will contact the UFPM to schedule the annual assessment.

6.4.2. The unit of attachment has overall responsibility for managing the FP. Program managers and Base IMA Administrators (BIMAA) will monitor completion of requirements and will coordinate with the unit of attachment and the IMA to ensure timely completion.

6.4.3. Members must be in a duty status during assessment. Non-pay IDT, points only, may not be used for the sole purpose of reassessment. Reassessment may be accomplished, however, during an IDT or ADT tour in addition to training.

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

6.5.1. CCs may request a waiver from the MAJCOM/CV to use the cycle ergometry test in lieu of the 1.5-mile run test for extreme weather conditions (reference [A8.3.](#)). The waiver must specify periods unable to complete the run test safely.

6.5.2. Run times/scores will be adjusted for those members who test at facilities with altitudes $\geq 5,000$ feet. The adjustment is automatically calculated by the AF FMS when the applicable base is selected on entry by the UFPM of member's score.

6.5.3. CCs of GSU and Reserve units without cycle ergometry capability or indoor test facilities may postpone assessment until conditions in [Attachment 8](#) can be met. Postponements should not exceed 90 days and unit PT should be modified but not suspended.

6.5.4. Reservists who test at locations at an altitude ≥ 4000 feet above that of which they live and perform their personal PT may perform the submaximal aerobic test in lieu of the 1.5-mile run. The UFPM will enter the exemption for a 12-month period at the member's request upon verification of residence. This exemption is for unit reservists and IMAs only who are not afforded the 6-week acclimatization period at the test site.

Chapter 7

INFORMATION MANAGEMENT

7.1. Fitness Program Software Application

7.1.1. The fitness program software application is housed and maintained on the AF Portal https://www.my.af.mil/gcss-af2/cfm/fms/index.cfm?FuseAction=Fitness_Home.

7.1.2. Members will access the application using permission granted to the portal.

7.1.3. Specific privileges to enter data, view, retrieve and print reports, conduct audits, and correct data entries are granted according to roles and responsibilities for FP data management. Roles and responsibilities are defined by the functional consultants and granted by the system administrator.

7.1.4. The fitness program software application will be available to the Reserve and ANG.

7.2. Fitness Program Reporting.

7.2.1. The UFPM or designated alternate, enters FA results for members assigned to the unit.

7.2.2. Members may access individual fitness reports directly from the AF Portal.

7.2.3. UFPMs will provide CCs with the unit status report at least monthly. ARC WFC reports quarterly statistics to wing/group CC

Chapter 8

ADMINISTRATIVE AND PERSONNEL ACTIONS

8.1. Administrative Actions for Failure to Participate. An unexcused failure to report for a scheduled fitness appointment may be punishable as a violation of the UCMJ, including, but not limited to Articles 86, 90, or 92.

8.2. Administrative and Personnel Actions for (Poor Fit Members).

8.2.1. Unit CCs should not use administrative action (LOA, LOC, LOR) for members with a poor fitness score for the first 90 (or 42 days if retested earlier) days after the member received a composite score < 70 solely based on the FA. The criteria for AF Reserve is 12 months

8.2.1.1. Unit CCs will take administrative action for unexcused failure to participate when an individual fails to accomplish a scheduled fitness test, fails to attend a scheduled fitness appointment, or negligently fails to maintain the required documentation of exercise while on the FIP.

8.2.2. The unit CC will take administrative action for members who have a composite score < 70 for greater than 90 days (12 months for Reservists) and each subsequent composite fitness score < 70 if member shows no significant improvement. Commanders are encouraged to utilize the feedback from the review panel for guidance to determine the level of the member's sustained efforts as criteria for what determines significant improvement. See **Table A13.1.** for available options for AD and AGR personnel. For Reservists, refer to **Attachment 13.**

8.2.3. Failing to make satisfactory progress in the FIP does not in itself constitute a violation of the UCMJ. Unit CCs may not impose non-judicial punishment on members solely for failing to achieve a score \geq 70 points.

8.2.4. CCs may review and determine personnel actions (eligibility for reenlistment, retraining, formal training, PME, and promotion) for those individuals who are identified as poor fit for less than 180 days.

8.2.5. CCs will review and determine personnel actions (**para 8.2.4.**) for those individuals who are identified as poor fit for greater than 180 days (12 months for Reservists) and each subsequent test thereafter.

8.2.6. **Administrative Separation.** Commanders will make a discharge or retention recommendation to the Installation Commander when an individual remains in the poor fitness category for a continuous 12-month period or receives 4 poor fit fitness scores in a 24-month period. Fitness review panels should continue to convene every 180 days to reassess the member's progress and commander's recommendation. Commanders follow procedures in **AFI 36-3206**, *Administrative Discharge Procedures for Commissioned Officers*, **AFI 36-3208**, *Administrative Separation of Airmen*. For Reservists, the unit commander will consider administrative separation if a member remains poor fit for > 24 months (see **AFI 36-2612**, *United States Air Force Reserve (USAFR) Reenlistment and Retention Program*; **AFI 36-3209**, *Separation and Retirement Procedures for Air National Guard and Air Force Reserve Members*; and **AFI 36-2504**, *Officer Promotion, Continuation and Selective Early Removal in the Reserve of the Air Force*). Reassignment of Individual Reservists: The unit of assignment/attached CC may initiate reassignment action after the second unsatisfactory observation period. The member may be reassigned to the inactive reserve, either Non-Affiliated Reserve Section (NSRS)-NB

if obligated, or NARS-NA if non-obligated. Members will be reassigned according to **AFI 36-2115, Assignments** within the RC. All administrative actions must be coordinated with the RMG/CC.

8.2.7. Failing to present a professional military image while in uniform.

8.2.7.1. CCs must ensure members present a professional military image while in uniform. A professional military image/appearance may or may not directly relate to an individual's fitness level or weight. In these cases, commanders:

8.2.7.1.1. May require individuals who do not present a professional military appearance (regardless of overall fitness composite score) to enter the FIP (SFIP for Reserves). May schedule individuals for fitness education and intervention.

8.2.7.1.2. Must specify in writing the date an individual should complete the program and the requirements they must meet.

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

8.2.7.1.4. May take administrative and/or personnel action if the individual fails to participate or comply with the requirements set up the CC.

8.2.7.1.5. There are no system update notifications for this program.

8.3. Education and Training Programs.

8.3.1. Members in all fitness categories may participate in PME and attend technical training, undergraduate/graduate education and training programs in accordance with specific course requirements and commander discretion.

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

8.3.1.2. Commanders sending members to training that exceed 6 weeks must send the commander or equivalent a memorandum to inform the required intervention, follow-up, and testing (**Attachment 14**, sample letter) at least 2 weeks prior to TDY.

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

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

8.3.2. **AETCI 36-2205**, *Formal Aircrew Training Administration and Management*, governs flying training students.

8.3.3. **737 TRG Instruction 36-3**, *Basic Military Training*, governs basic military trainees

8.3.4. **AETCI 36-2216**, *Administration of Military Standards and Discipline Training*, governs members that are non-prior service airmen in technical training.

8.3.5. **AFOATSI 36-2007**, *AFOATS Weight and Fitness Programs*, govern members attending initial officer accession training at Air Force Officer Accession and Training Schools (AFOATS), to include OTS and ROTC.

8.3.6. **USAF AI 36-2002**, *Cadet Weight and Fitness Program*, governs members attending the USAF Academy.

8.4. AF Form 108 Physical Fitness Education and Intervention Processing.

8.4.1. The unit CC or equivalent uses the AF Form 108 to document mandatory education and intervention requirements.

8.4.1.1. The Vice Commandant of the College of EPME and NCOs assigned duty as Detachment Chief or Academy Commandant has signature authority for the AF Form 108.

8.4.2. The UFPM initiate and annotate mandatory appointments on AF Form 108 to include date/time and location.

8.4.3. The CC and member will sign the AF Form 108 to confirm all appointments.

8.4.4. FPM recommendations are annotated on AF Form 108 and are signed by the CC.

8.4.5. The respective program facilitator signs the AF Form 108 upon completion of the HLP, FIP class/instruction, or BCIP classes.

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

8.4.7. The UFPM creates a FP case file when a member scores < 75 and maintains an active file in the CSS for 24 months.

8.4.7.1. The UFPM maintains and files the AF Form 108, records of administrative action, and any pertinent documents in the FP case file.

8.4.7.2. The UFPM responsible for monitoring assigned/Attached reservists will maintain the FP case file.

8.4.7.3. Dispose of the FP case file IAW **AFI 37-139**, *Air Force Records Disposition Schedule* at <https://webrims.amc.af.mil>. See **table 36-12, rule 13**.

8.5. Forms Prescribed. *AF Form 108, Physical Fitness Education and Intervention Processing; AF Form 1975, Personal Fitness Progress Chart.*

8.6. Forms Adopted. *AF Form 422, Physical Profile Serial Report; AF Form 418, Selective Reenlistment Program Consideration; AF Form 1058, Unfavorable Information File Action.*

JAMES G. ROUDEBUSH, Lt Gen., USAF
Surgeon General

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

DoD Directive 1308.1, DoD Physical Fitness and Body Fat Program

DoD Instruction 1308.3, DoD Physical Fitness and Body Fat Program Procedures

AETCI 36-2205, Flying Training Student Administration and Management

AFPD 10-2, Readiness

AFPD 37-1, Air Force Information Management

AFI 34-266, Air Force Fitness and Sports Program

AFI 36-2501, Officer Promotions and Selective Continuation

AFI 36-2502, Airman Promotion Program

AFI 36-2110, Assignments

AFI 36-2115, Assignments within the Reserve Components

AFI 36-250, Officer Promotions Continuation and selective Early Removal in the Reserve of the Air Force

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

AFI 36-2626, Airman Retraining Program

AFI 36-3206, Administrative Discharge Procedures for Commissioned Officers

AFI 36-3208, Administrative Separation of Airmen

AFI 36-3209, Separation and Retirement Procedures for Air National Guard and Air Forces Reserve

AFI 48-123, Medical Examination and Standards

AFMAN 15-129, Aerospace Weather Operations – Processes and Procedures

AFMAN 34-137, Air Force Fitness and Sports Operations

AFMAN 36-2108, Enlisted Classification

AFMAN 36-8001, Reserve Personnel Participation and Training

AFMAN 37-123, Management of Records

AFMAN 37-139, Records Disposition Schedule

AFMAN 44-144, Nutritional Medicine

AFMAN 48-105, Thermal Injury

American College of Sports Medicine's "Guidelines for Exercise Testing and Prescription" (most current edition)

Abbreviations and Acronyms

3A0—Information Technology Technician

AD—Active Duty

ACSM—American College of Sports Medicine

AF FMS—Air Force Fitness Management System

AFPD—Air Force Policy Directive

AGR—Active Guard/Reserve

ART—Air Reserve Technician

AT—Annual Tour

BCIP—Body Composition Improvement Program

BMI—Body Mass Index

FA—Fitness Assessment

FAB—Field Assistance Branch, Gunter

FAM—Fitness Assessment Monitor

FC—Fitness Center

FFD—Fit for Duty

FP—Fitness Program

FPM—Fitness Program Manager

FPML—Fitness Program Medical Liaison

FRP—Fitness Review Panel

FIP—Fitness Improvement Program

FTE—Full-Time Equivalent

HAWC—Health and Wellness Center

HLP—Healthy Living Program

HLPR—Healthy Living Program Reserves

HPD—MAJCOM Health Promotion Director

IDT—Inactive Duty Training

IMA—Individual Mobilization Augmentee

MEB—Medical Evaluation Board

MiLPDS—Military Personnel Data System

MTF—Medical Treatment Facility

PEP—Performance Enhancement Division, USAFSAM/FEP, Brooks AFB, TX

PIRR—Participating Individual Ready Reservist

PTL—Physical Training Leader

RMU—Reserve Medical Unit

SFIP—Self-Paced Fitness Improvement Program

UFPM—Unit Fitness Program Manager

USAFSAM—United States Air Force School of Aerospace Medicine

UTA—Unit Training Assembly

VO_{2max}—Volume of oxygen consumed during exercise

Terms

Air Force Portal (AF Portal)—The website available to all Air Force members that serves as a single access point to multiple databases; located at <https://www.my.af.mil>.

Body Composition Improvement Program (BCIP)—An intervention program required for all poor-fit members identified with a high-risk abdominal circumference. Consists of an individualized nutrition prescription, nutrition education, behavior modification, self-monitoring, and monthly follow-up.

Body Mass Index (BMI)—A calculation [weight (lbs) x 703/height² (in)] which takes into account weight and height to predict health risk in adults. A BMI of 19-24.9 kg/m² is considered a healthy range; the further the BMI from this range, the greater the risk of developing additional health problems.

Fitness Assessment (FA)—The Air Force uses the 1.5-mile run, submaximal cycle ergometry and one-mile walk test (GSUs) to provide an estimate of an individual's cardio-respiratory fitness. The submaximal aerobic test for IMA/PIRR is cycle ergometry or one-mile walk test at the direction of the Attached unit. AFRC units can use the three-mile walk or one-mile walk as the sub-maximal aerobic test. Push-ups and crunches are used to assess muscular strength and endurance fitness. Personnel must complete a personal information and FSQ prior to the assessment. FAs are used to measure compliance with military directives to maintain consistent and regular physical-conditioning programs. Fitness standards are used to ensure a minimum level of fitness is maintained.

Fitness Assessment Monitor (FAM)—An individual who is trained and certified by the FPM to conduct cycle ergometry FAs. FAMs should be a role model and advocate for fitness. This is an additional duty and not a primary AFSC.

Fitness Improvement Program (FIP)—A unit-based intervention program required for all members identified with a composite poor fit score. Consists of supervised/monitored exercise, documented exercise participation, and monthly HAWC follow-up appointments with the FPM as required. The FIP is applicable to AD, AGR and activated reservists.

Fitness Program Manager (FPM)—A fitness expert. The exercise physiologist is responsible for oversight of the installation AF Fitness Program. The FPM is a consultant to CCs, providers, FC and individuals for briefings, consultation, exercise prescriptions, guidance and training. The FPM must meet minimum requirements described in the position description.

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

Primary Care Provider (PCM)—The AD member's health care provider or a DoD specialist provider consulted by the PCM.

Personal Medical Provider—For the Reservist, the individual health care provider (HCP), either a primary care manager (PCM) or a specialist. In most cases, a civilian practitioner, but in cases where the member is a military family member or is in active duty status, a military provider.

Healthy Living Program (HLP)—Intervention program required for all members identified at marginal to poor fit score. The program consists of behavior modification, fitness and nutrition education.

Healthy Living Program –Reserve (HLPR)—Reserves (HLPR) required on-line education and intervention program of similar content to HLP for Reservists who cannot participate in HAWC based programs and score marginal or poor.

USAFA Human Performance Lab Division—with the USAF located at USAF Academy that provides scientific and technical oversight for the FP.

Physical Training Leader (PTL)—A unit member trained to lead unit PT program who oversees and administers unit FAs, (AC, 1.5 mile timed run/aerobic component, push-ups and crunches). This is an additional duty and not a primary AFSC.

Population Health Support Division (PHSD)—Office that provides consultation to FPMs on the AF Fitness Program and exercise physiology.

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

Sub Maximal Aerobic Fitness Assessment—An alternate aerobic fitness test for those with a medical exemption for the 1.5-mile run. Medical exemption can be based on moderate or high risk (such as cardiac or pulmonary disease) or medical restriction that precludes running. Reservists can also use the sub maximal aerobic assessment due to an altitude exemption. Approved sub maximal aerobic assessments are cycle ergometry, three-mile walk (AFRC only), and one-mile walk.

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

VO_{2max}—Maximum amount of oxygen consumed that is measured in milliliters per kilogram of body weight per min (ml/kg/min) used to determine aerobic capacity (or cardio-respiratory fitness).

Attachment 2

PHYSICAL FITNESS GUIDELINES

A2.1. Aerobic Fitness. The American College of Sports Medicine (ACSM) has recommended the following guidelines for aerobic fitness enhancement.

A2.1.1. Mode of activity: any activity that uses large muscle groups for a prolonged period and is rhythmic in nature. Examples are running, swimming, bicycling, skating, rowing, cross-country skiing, structured aerobic class, etc.

A2.1.2. Intensity of exercise: physical activity corresponding to a heart rate in the range of 60-90% of the age-specific maximum heart rate estimate (220 minus age), or other ACSM approved methods. For most individuals, intensities within the range of 70-85% maximum heart rate are sufficient to achieve improvement in cardio respiratory fitness, when combined with an appropriate frequency and duration of training.

A2.1.3. Duration of exercise: 20-60 minutes of continuous exercise in the target heart rate zone.

A2.1.4. Frequency of exercise: minimum of 3 days per week to maintain current fitness level and 4 to 5 days per week is recommended to improve current fitness levels.

A2.1.5. Rate of progression: the conditioning effect will reduce the heart rate response to a given workload over time and require increase in total work done. This effect is the most pronounced during the first 6-8 weeks, especially for those with low fitness levels. Adjustments in mode, intensity, duration, and/or frequency may be necessary to reach higher levels of performance.

A2.2. Muscular Fitness. the ACSM has recommended the following guidelines for muscular fitness enhancement.

A2.2.1. Mode of activity: suggested activities should be rhythmic, performed at a moderate speed, involve a full range of motion, and not interfere with normal breathing. Include all major muscle groups. Examples include circuit training, free weights, calisthenics, and machine weights.

A2.2.2. Intensity of exercise: perform at least one set of each exercise to muscular fatigue. To elicit improvement in both muscular strength and endurance, recommend 8 to 12 repetitions if less than 50 years of age, and 10 to 15 repetitions at lower intensity/weight for individuals over 50 years of age. Increase weight as training adaptation occurs.

A2.2.3. Duration of exercise: sessions lasting less than 1 hour are recommended.

A2.2.4. Frequency of exercise: 2-3 days per week, same muscle groups should not be worked on consecutive days.

A2.3. Flexibility. Although flexibility is not assessed during the member's FA, it is an important part of a well-balanced fitness routine. The ACSM has recommended the following guidelines for musculoskeletal flexibility:

A2.3.1. Mode of activity: a general stretching routine that exercises the major muscle and/or tendon groups using static (stretching to the point of mild discomfort and holding that position for an extended period of time) or partner-assisted stretching (combines alternating relaxation and contraction of muscles).

A2.3.2. Intensity: to a position of mild discomfort.

A2.3.3. Duration of stretch: 10-30 seconds per stretch.

A2.3.4. Frequency of stretch: a minimum of 2-3 days per week.

A2.3.5. Repetitions: 3-4 for each stretch.

A2.4. Body Composition. Excess abdominal fat is an independent risk factor for disease; therefore, the evaluation of AC is used to assess health risks associated with being overweight. There is an increased risk of chronic diseases (cardiovascular disease, high blood pressure, cancer, and non-insulin dependent diabetes) for men who have an AC > 40 inches and for women who have an AC > 35 inches regardless of age or height. Extremely low body weights have also been associated with diseases and disorders related to malnutrition.

NOTE: The above guidelines describe minimum recommendations for a member to increase or maintain his/her fitness level. FPMs will determine whether adjustments in mode, intensity, duration, repetitions, and/or frequency are required based on the member's exercise regimen, participant characteristics, and FA scores to improve fitness. Members who are just starting a fitness program should contact their FC or HAWC for assistance in developing an exercise routine.

Reserve members can consult HAWCs and AFRC fitness center trainers where available. Members are highly encouraged to seek professional advice from personal fitness trainers, FCs, or HAWCs for assistance in establishing or adjusting their personal fitness-conditioning program.

Attachment 3

SAMPLE UNIT PHYSICAL FITNESS PROGRAMS

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

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

A3.1.1.1. Consult the FPM at the HAWC to assist with development of ability-based training programs.

A3.1.2. CCs opting to implement maximal exertion activities (e.g. practice timed assessments) should require personnel to complete a FSQ ([Attachment 4](#)).

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

A3.2.1. Safety/environmental conditions: see [Attachment 8 \(A8.3\)](#).

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

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

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

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

A3.2.6. Unit Physical Fitness Programs must follow guidelines as specified in [Chapter 2](#).

A3.2.6.1. Individual abilities must be considered so that all members are provided a workout that is within their training range.

A3.2.7. Warm-up and cool-down periods (including stretches) must be accomplished with each unit physical fitness event.

A3.3. Ability-based Unit Physical Training Programs.

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

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

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

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

A3.3.1.4. As members' fitness levels increase, they are placed in groups of faster running pace.

A3.3.1.5. Discourage formation running and cadence calls while running. Running is more efficient when each member can run at his/her own stride length. Doing so may place member at risk for injury for the shortest and tallest individuals since cadence calling forces all to move at the speed and stride length of the caller. If desired, cadence calls should be used for short-distance foot marches only.

A3.3.2. Last Person Running Formation.

A3.3.2.1. Utilize a flat, smooth course or possibly a track.

A3.3.2.2. Divided into groups based on their running pace.

A3.3.2.3. Members of the group are in an evenly spaced single file.

A3.3.2.4. During the distance of the run, the last individual sprints to the beginning of the group/line and then resumes a moderate running pace. As that individual reaches the beginning of the line, the member at the end sprints to the head of the line.

A3.3.2.5. The members in the group adjust to the running pace of the individual at the head of the line.

A3.3.3. Group Walks.

A3.3.3.1. Set pre-determined course/time/distance prior to the unit exercise.

A3.3.3.2. To increase exercise intensity, each individual will carry a weighted backpack. All individuals begin with lighter weighted packs and weight is increased as individual's fitness level increases.

A3.3.3.3. Determine course/distance prior to the event. Although safety is always to be considered, course may be both on and off road/flat and hilly.

A3.3.4. Par courses and circuit training.

A3.3.4.1. Prior to utilizing existing par courses, discuss safety and fitness concepts of course with the FPM.

A3.3.4.2. Consider individual abilities by permitting members to progress through course at own speed. Those members who complete course in faster times will be encouraged to complete additional components of course a second time until all members are through the course at least once.

A3.3.4.3. Circuit-training can be accomplished at base fitness facilities utilizing exercise/fitness equipment and/or at a designated outdoor area performing activities of both cardiovascular and muscular fitness.

A3.3.4.3.1. Coordinate with fitness facilities in order to conduct circuit-training sessions at time conducive to unit as well as fitness facility.

A3.3.4.3.2. Coordinate with FPM to obtain circuit-training programs appropriate to the fitness site.

A3.3.5. Utilize Fitness Facilities/Existing Fitness Programs/Classes.

A3.3.5.1. Coordinate with fitness facilities for group PT exercise sessions and fitness classes.

A3.3.5.2. Individual members will complete 30-45 minutes of aerobic exercise of their choice (e.g. Treadmill, rower, stair-climber, cross trainers, bicycles, swimming and spinning classes).

NOTE: Unit PT programs in AFRC are at the discretion of the unit CC based on mission needs and DT available for training.

A3.4. Additional approved programs are available in the AF PTL Guide, which can be found on the Knowledge Exchange: <https://kx.afms.mil/ctb/groups/dotmil/documents/afms/knowledgejunction>.

Attachment 4

FITNESS SCREENING QUESTIONNAIRE

1. Do you have a health condition **not** addressed in a physical profile (AF Form 422) that participating in the PT program/testing could aggravate or that would preclude your safety ?

- Yes Stop here; notify your Unit Fitness Program Manager (FPM) and contact PCM.
 No Proceed to next question.

2. **Do you have any of the following?**

- Chest discomfort with exertion
- Unusual shortness of breath
- Dizziness, fainting, blackouts

- Yes Stop here; notify your UFPM and contact your Primary Care Manager (PCM)
 No Proceed to next question.

3. **Are you 35 years of age or older?**

- Yes Proceed to next question. No Stop here; sign form and return to your UFPM.

4. **Do two (2) or more of the following risk factors apply to you?**

***Physically inactive**; that is, you have not participated in physical activities of at least a moderate level (i.e., that caused light sweating and slight-to-moderate increases in breathing or heart rate) for at least 30 minutes per session and for a minimum of 3 days per week for at least 3 months

***Smoked cigarettes in the last 30 days**

***Diabetes**

***High blood pressure that is not controlled**

***High cholesterol that is not controlled**

***Family history of heart disease** (developed in father/brother before age 55 or mother/sister before age 65)

***Abdominal circumference > 40" for males; > 35" for females**

***Age \geq 45 years for males; \geq 55 years for females**

Yes Stop here; notify your UFPM and contact your PCM for evaluation.

No Sign form and return to Unit Fitness Program Manager.

You must notify your UFPM and see your Primary Care Manager if you have a change in health that may affect your ability to safely participate in unit physical training. AF Reservist will contact the Reserve medical unit (for unit Reservists) or host MTF provider (for IMAs)

Signature: _____ Date: _____

Printed Name: _____ Rank: _____

Duty Phone: _____ Office Symbol: _____

Authority: 10 USC 8013. Routine Use: This information is not disclosed outside DoD.

Disclosure is Mandatory. Failure to provide this information may result in either administrative discharge or punishment under the UCMJ.

Attachment 5

SAMPLE MEMORANDUM FOR MEDICAL CLEARANCE

(Appropriate Letterhead)

MEMORANDUM FOR MEDICAL PROVIDER

(date)

FROM: (Unit Commander, UFPM, or FPM)

SUBJECT: Medical Evaluation Appointment

Evaluate *(rank, name)* IAW AFI 10-248, *Fitness Program*, for medical clearance to undergo fitness assessment and for possible enrollment in an exercise program. Upon completion of the medical record review or medical/evaluation, complete the endorsement below.

(Signature, originating official, or designated representative)

1st Ind, (Medical Provider)

(date)

TO: (Unit Commander)

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

Medical findings are as follows:

Member *is/is not* medically cleared for the 1.5 mile timed run.If member *is not* medically cleared for the 1.5 mile timed run,AD, AGR, and IMA (non GSU): member *is/is not* medically cleared for the sub-maximal cycle ergometry assessment.GSU: member *is/is not* medically cleared for the one-mile walk test.AF Reserve: member *is/is not* medically cleared for the 3-mile walk/1-mile walk.ANG: member *is/is not* medically cleared for the Step Test.Member *is/is not* medically cleared for the push-up assessment.Member *is/is not* medically cleared for the crunch assessment.Member *is/is not* medically cleared for unit PT. (*Note: If member is not cleared for unit PT, member is referred to FPM for individual exercise prescription*)**NOTE:** Members who are not cleared for FAs or unit PT will have AF 422, Physical Profile Serial Report, Attached.Member should be scheduled for a medical reevaluation in approximately XXXX weeks/months. Member was/was not referred to the FPM for an individual exercise prescription.

(Signature/Rank/Phone Number of Provider)

Attachment 6

FITNESS ASSESSMENT PREPARATION HANDOUT

A6.1. Your level of aerobic fitness will be evaluated by a 1.5-mile timed run or the cycle ergometry test (one-mile walk test for GSUs, 3-mile walk for AFRC Units). Your muscular fitness will be assessed through push-ups and crunches.

A6.2. The run will be performed on an approved 1.5-mile distance course. Your timed results will be used to estimate your aerobic capacity. The cycle ergometry assessment involves 8 to 14 minutes of moderate exercise on a cycle ergometer. The workload will be adjusted according to your physical capability. Before and during the test, your heart rate will be carefully recorded and your fitness level will be calculated from the combination of heart rate (HR), workload, gender, age, weight, and height. For members assigned to GSUs who complete the one-mile walk test you will be timed as you walk a distance of one mile. Additional components, (HR at completion time of walk, gender, age, and body weight) will be used to calculate your predicted max VO₂. For Reservists using the three-mile walk, you will be timed as you walk and you are not allowed to run.

A6.3. To evaluate muscular fitness, you will perform each for 1 minute of pushups and crunches. Due to the HR component used in cycle ergometry testing (and one-mile walk test), the muscular fitness component is completed following those tests/cool down. The AC measurement, height, weight, and muscular fitness component must be completed the same day unless mitigating circumstances occur, i.e. severe weather, medical emergency, etc. If this unpreventable occurrence happens, the test must be completed within 5 days of the aerobic component.

A6.4. General Fitness Guidelines:

A6.4.1. Wear normal fitness attire. The shirt must not be so loose that the bend at your arm cannot be discerned during the pushup. Boots are not allowed; athletic shoes must be worn.

A6.4.2. Avoid alcohol and heavy physical activity the night before and the day of your assessment.

A6.4.3. Get a good night's sleep prior to the assessment.

A6.4.4. Warm-up at least 5 minutes prior to scheduled 1.5-mile timed run; warm-up time is **not** included in the assessment.

A6.5. Testing Guidelines:

A6.5.1. Maintain or moderate your normal lifestyle up to 1 hour prior to testing. At that time, cease all caffeine, tobacco, and food intake. Maintain adequate fluid intake.

A6.5.2. Do not change your normal habits to such an extent that you experience withdrawal symptoms from caffeine or tobacco, however, do not overindulge in caffeine, tobacco, or heavy/spicy foods.

A6.6. Cycle Ergometry and 1-mile Walk Test Guidelines:

A6.6.1. If you are taking medications that influence your heart rate, you should contact your PCM prior to taking the cycle ergometry or other approved sub-maximal, HR-based assessment.

A6.6.2. Maintain a calm state of mind and body. Do not pump yourself up as in preparation for a game or athletic trial. Avoid any stimulation that could raise your HR. Perform the assessment with as little effort as possible. Try to remain relaxed.

A6.6.3. Wear clothing that will allow a HR monitor to be worn next to the skin on your lower chest. (Females: Metal under-wire bras interfere with the HR monitor and should not be worn.) Evaluations will be as private as possible. The FAM may be male or female.

A6.6.4. To achieve the best score possible, you are encouraged to observing the above recommendations and arrive at your appointed time. If you fail to follow these recommendations, the assessment will still be performed as scheduled.

Attachment 7**BODY COMPOSITION ASSESSMENT PROCEDURES****A7.1. Height Assessment**

A7.1.1. Measurement will be taken in unit CSS in conjunction with weight and AC measurements.

A7.1.2. Measurement will be taken with member in any uniform or standard PT uniform or gym clothing. Shoes will not be worn.

A7.1.3. Member will stand on a flat surface with the head held horizontal looking directly forward, and the chin parallel with the floor. The body should be straight, but not rigid, similar to the body position when at attention.

A7.1.4. Measurement will be recorded to the nearest inch. If the height fraction is less than $\frac{1}{2}$ inch, round down to the nearest inch. If the height fraction is $\frac{1}{2}$ inch or greater, round up to the nearest inch.

A7.2. Weight Assessment

A7.2.1. The measurement will be made on a calibrated scale in the unit CSS, fitness center or HAWC and recorded to the nearest pound with the following guidelines.

A7.2.2. Measurement will be taken with member in any uniform or standard PT uniform or gym clothing. Shoes will not be worn.

A7.2.3. If the weight fraction is less than $\frac{1}{2}$ pound, round down to the nearest pound.

A7.2.4. If the weight fraction is $\frac{1}{2}$ pound or greater, round up to the nearest pound.

A7.2.5. Two pounds will be subtracted for clothing worn during official FA.

A7.3. Abdominal Circumference (AC) Assessment.

A7.3.1. The UFPM or designee will take the AC measurement in unit CSS, in a private room or in a partitioned area.

A7.3.2. Individuals conducting AC measurements will be of the same gender as the member being taped and certified by the FPM as an official taper.

A7.3.3. Use a tape measure made of non-stretchable material, preferably fiberglass (i.e. Gulick) will be used for the AC.

A7.3.4. Member with arms down to sides will stand looking straight ahead.

A7.3.5. Stand on the right side of the member.

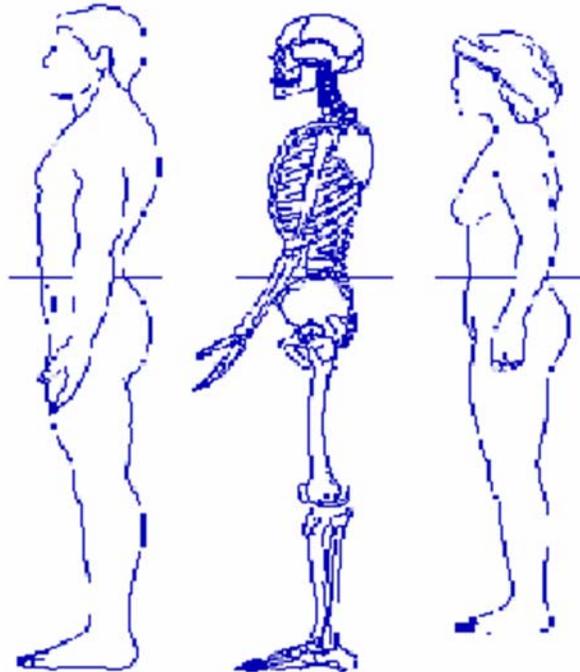
A7.3.6. Take the measurement on bare skin; locate the upper hipbone and top of the right iliac crest.

A7.3.7. Locate a horizontal landmark just above the uppermost border of the right iliac crest.

A7.3.8. Place the tape on a horizontal plane around the abdomen at the level of the landmark. Ensure the plane of the tape is parallel to the floor and is snug, but does not compress the skin. Take the measurement at the end of a normal respiration.

A7.3.9. Take the circumference measure three times and record each measurement, rounding down to the nearest ½ inch. If any of the measures differ by more than one inch from the other two, take an additional measurement. Add the 3 closest measurements, divide by 3, and round down to the nearest ½ inch. Record this value as the AC measure.

Figure A7.1. Measuring Tape Position for Abdominal Circumference.



A7.4. Body Mass Index Calculation (BMI)

A7.4.1. The BMI is automatically calculated by AF FMS upon entering the height and weight. Body Mass Index can be calculated using pounds and inches with the following equation:

BMI (kg/m²) =

$$\frac{\text{Weight in Pounds}}{(\text{Height in inches}) \times (\text{Height in inches})} \times 703$$

For example, a person who weighs 220 pounds and is 6 feet 3 inches tall has a BMI of 27.5.

$$\text{BMI (kg/m}^2\text{)} = \left(\frac{220}{(75) \times (75)} \right) \times 703 = 27.5 \text{ kg/m}^2$$

Attachment 8

1.5.-MILE RUN TESTING PROCEDURES

A8.1. Prior to the 1.5 mile timed run test:

- A8.1.1. Member must complete the FSQ prior to their scheduled fitness test.
- A8.1.2. PTLs ensure availability of fitness test equipment (e.g. stopwatch, pen/pencil, notepad, optional exercise mat that is no more than 1 inch thick, standard template scorecards, and bibs).
- A8.1.3. PTLs ensure a scorecard is available for each member and check the member's military ID card for positive identification.
- A8.1.4. Members must wear proper fitness attire/shoes for testing and must warm-up prior to completing the test.
- A8.1.5. Members are instructed to stop at any time if feeling chest pain, shortness of breath, or dizziness.
- A8.1.6. If testing a large number of members, the PTL should consider using identifying numbers (i.e., running bibs).
- A8.1.7. Unit PTL will provide directions for and monitoring of the muscular fitness testing components IAW Para 4.3.4. and [Attachment 10](#).

A8.2. Course Requirements for 1.5 mile timed run (2640 yards).

- A8.2.1. Establish a standardized course of accurate distance that is as level and even as possible.
 - A8.2.1.1. Large oval track of determined distance such as 440 yards times six (6) laps; or 6 laps on a 400-meter track plus an additional 46 feet. Indoor track may be utilized during inclement weather; treadmill testing is not authorized.
 - A8.2.1.2. Course should have limited exposure to traffic, should not have a continuous incline/decline or rolling hills; slopes exceeding three degrees should be avoided.
 - A8.2.1.3. Clearly mark the start and finish lines (and half-way point for road courses).
- A8.2.2. Consult with HAWC staff or refer to local supplement guidelines (for AFRC installations the fitness coordinator) to determine maximum number of individuals and ratio to PTL(s) that should be tested at one time for safety of runners and to obtain accurate score.
- A8.2.3. Trained personnel will be present to monitor participants (keeping all members in constant view), to count laps if required, and to record run times.
- A8.2.4. The wing commander must approve the 1.5-mile run-testing course with input from the FPM or for AFRC the fitness coordinator.

A8.3. Course Safety/environmental conditions to be evaluated prior to testing to determine if testing can be completed.

- A8.3.1. Snow: no snow accumulation on the running surface.
- A8.3.2. Ice: no ice on running surface that cannot be easily avoided.

- A8.3.3. Water: no standing water that a large group cannot easily avoid on running surface.
- A8.3.4. Mud: no mud on running surface that cannot be easily avoided.
- A8.3.5. Insects: insect repellent required if biting insects are prominent.
- A8.3.6. Intersections: crossing guards with reflective safety vests/lights must be positioned at all active intersections
- A8.3.7. Light: reflective belts/vests are required if running near traffic from 1 hour before sunset to 1 hour after sunrise.
- A8.3.8. Wild animals: consider ways to prevent contact with wild animals.
- A8.3.9. Shelter: establish a safe shelter procedure if there is any storm threat.
- A8.3.10. Medical: establish a method of communication/access for emergency medical services (e.g. cell phone, brick, etc. to call 911)

Should coordinate with local base/post weather organizations to determine the following conditions.

- A8.3.11. Temperature: should be > 20° F
- A8.3.12. Wind Speed: sustained wind should be < 20 mph
- A8.3.13. Visibility: must be greater than ¾ mile if crossing or running beside vehicular traffic
- A8.3.14. Lightning: no lightning within 5 nautical miles (~6 miles) and wait at least 30 minutes after the last observed lightning.
- A8.3.15. Rain: no significant rain (accumulation <0.5 inch/hour). If testing on a wet day (rain, mist or heavy dew), the temperature must be >50° F.
- A8.3.16. Hail: no hail forecast or reported within 25 miles.

The following conditions are not determined by local base/post weather organizations. Military bioenvironmental and/or civilian agencies may be used.

- A8.3.17. Heat Stress: wet Bulb Globe Temperature (WBGT) should be < 85° F; or Heat Index < 99° F when WBGT is not available.
- A8.3.18. **UV Index: should be < 10 (very high risk).**

A8.4. Run times/scores will be adjusted automatically in the AF FMS for those members who test at facilities with an altitude of 5, 000 feet or greater.

A8.5. Verbal instructions for the timed 1.5-mile run

Script is to be read to member prior to beginning the 1.5-mile run.

The 1.5 mile timed run is an aerobic fitness test used to predict your VO2 max.

You will be directed to line up behind the starting line and instructed to begin running as the monitor starts the stopwatch.

No physical assistance from anyone or outside source is permitted; however pacing is permitted if there is no physical contact and is not a hindrance to other runners.

You are required to stay on the course and complete the entire marked course. Leaving the course is disqualifying.

If you are feeling ill or poorly, you are to stop running immediately and you will be given assistance.

Your completion time will be recorded when you cross the finish line.

At completion of the timed run, you must complete a cool down for approximately 5 minutes.

Results of your timed run will be entered into a fitness database.

Attachment 9

CYCLE ERGOMETRY ASSESSMENT PROCEDURES

A9.1. Computer Initiation. Begin operating the program software by double-clicking the fitness program icon. On the LOGIN screen, type in your *USER NAME* and *Password*.

A9.2. Assessment Initiation. The FAM will physically check the military ID card of the member and ensure that all assessment forms are complete. The FAM will explain what is being assessed and how the assessment works. Assessment apprehension can be reduced if a little time is taken to explain the assessment to each member.

A9.3. Initial Data Entry. Using the member's ID card, enter the social security number in the box that appears. Check the information displayed in the next window and make any needed changes. (Note: name and rank cannot be changed). If the member is not in the database, the member can be added to the database by clicking on the *Add* button. Verify the SSN and choose *OK*. Enter the member's appropriate information; proceed by clicking the *Continue Assessment* button.

A9.4. Height and Weight Input. Physically measure the height and weight of each member before each assessment IAW [Attachment 7](#). Instruct member to remove shoes before height and weight are obtained. Subtract two pounds for workout attire. Record the height and weight in the information block of the assessment software.

A9.5. Assessment Briefing. Inform the member that the assessment will consist of a 2-minute warm-up, a 6-12 minute assessment, and a cool-down, which involves getting the HR below 120 beats per minute. If at any time, the member feels a definite need to stop, you **MUST** terminate the assessment and implement the cool-down.

A9.6. Chest Strap/Transmitter Application. Demonstrate proper application of the chest strap and transmitter.

A9.6.1. Female: Explain to the member the need to secure the elastic strap on the chest transmitter to fit snugly below the bottom of the bra. Provide member privacy. **NOTE:** metal under wire bras may *not* be worn during the assessment because it will interfere with the HR signal. If the female cannot change into an acceptable bra, inform the UFPM to reschedule assessment.

A9.6.2. Male: Explain to the member that he must attach the chest strap and transmitter snugly at the bottom of the pectoral muscles. Provide member privacy if requested.

A9.7. Seat Adjustment. To ensure the seat height is correct, have the member stand next to the saddle. Set the seat at a level even with the member's hip. Adjust the seat height by unscrewing the saddle post bolt and moving the seat height. After the initial adjustment, instruct member to sit on the saddle without using the frame or pedals as a step and place his/her heel in the middle of the pedal, in the six o'clock position. The leg should be straight in this position. Adjust the seat height until this position is achieved. If the leg is straight when the pedal is in the six o'clock position, instruct the member to move his/her foot back so the ball of the foot is in the middle of the pedal. The knee should have a slight bend. Have the member

slowly pedal backward. The motion should be smooth and the hips should not rotate. This technique will assure both the FAM and the member that the seat height is in the correct position.

A9.8. Heart Rate (HR) signal. Have the member sit quietly on the bike. The HR will be displayed on the computer monitor. If a consistent heart rate is not received, re-wet the electrodes on the strap, or ensure that the HR transmitter strap is within three feet of the HR receiver to assure a good signal.

A9.9. Handlebar Adjustment. With the member seated on the cycle, determine if the handlebars require adjustment. The member must keep both hands loosely on the handlebars and must ride in an upright position for the entire evaluation. Adjust the handlebars by turning the handlebar adjustment lever. The handlebars will be placed in a position that allows the member to pedal with the torso in an upright position without slumping or leaning forward.

A9.10. Cycle Calibration. Calibrate the cycle. Instruct the member to remain seated on the cycle with both legs hanging freely from the pedals, the frame and the floor. Ensure that the cycle is calibrated by observing that the center point of the pendulum is aligned at "0." If calibration is necessary, initiate the calibration by relieving the belt tension and turning the load adjustment wheel counterclockwise until the pendulum weight hangs freely and the tension belt is loose. Align the index line on the pendulum weight with the zero (0) mark in the meter board. This alignment is accomplished by loosening the wing nut, which locks the adjustment screw. Adjust the screw and the meter board until the (0) on the meter board is aligned with the red mark on the pendulum weight. After ensuring the alignment is correct, tighten the wing nut, ensuring that the meter board did not move. This procedure will be repeated as many times as is necessary to correctly calibrate the cycle. Calibrate the cycle before the beginning of each evaluation. If automatic workload ergometers are being used, the FAM does not need to calibrate prior to each assessment.

A9.11. Enter Seat Data and Answer Questionnaire. During this rest period, return to the computer, enter the seat height in the appropriate block, and click the *Continue Assessment* button. Complete the questionnaire that follows these entries, using the member's responses, and then click the *Continue Assessment* button to proceed.

A9.12. Enter HR. If the ergometer has a HR receiver box connected to the computer, the HR will be entered automatically. **Note:** If the heart rate is higher than 110 beats per minute, you must have FPM approval to continue the test. If you do not have FPM approval, do not assess the member at this time, rather coordinate with the UFPM to re-schedule the member to be re-assessed within 1 week. If the starting HR during re-assessment again exceeds 110 beats per minute, contact the UFPM/FPM.

A9.13. Pedaling Initiation. With the friction belt on the cycle still in the relaxed position, instruct the member to start pedaling at 50 revolutions per minute (rpm). Member should watch the rpm box on the screen and maintain 50 rpm. Even with automatic workload adjustment ergometers, the member should pedal between 50-80 rpm and cannot pedal less than 50-rpm speed rotation.

A9.14. Initial Workload Adjustment. The computer will prompt the FAM to adjust the workload. As the member pedals, slowly turn the load adjustment knob until the red line on the pendulum is aligned with the correct warm-up workload. The load may drift as the belt and flywheel become warm, so, frequently check the workload and make adjustments to maintain the exact workload required for each

minute of the assessment. After the 2-minute warm-up is completed, the computer may prompt for an increase in workload. Turn the load adjustment knob until the red line on the pendulum is aligned with the correct workload. If automatic workload ergometers are being used, the FAM does not need to adjust workload at any time.

A9.15. HR Data. Heart rate data will be entered automatically at the end of each minute if using the HR receiver box. **NOTE:** Each member cannot exceed the maximum HR when performing the cycle ergometry assessment. This HR is indicated on the computer monitor throughout the assessment. If the member exceeds this heart rate, the assessment will stop. When the HR drops below 120 beats per minute, terminate the assessment and contact the UFPM to re-schedule the member at a later date.

A9.16. Equipment Observation. Monitor the heart rate, rpms, and workload. Workload changes must be performed within 5 seconds.

A9.17. Member Observation. Observe the member constantly for signs of distress, instructing the member to alert you if he or she experiences cramping, dizziness or nausea, pain in the chest, jaw, shoulder, or arm, or any discomfort. If any of these conditions occur, **STOP** the assessment and go into the cool-down process. **CONTACT THE FPM.** The FPM must refer the member to the clinic for a physician's clearance before a re-assessment can be given. The FPM may request that the member hand carry the computer form, containing the failed assessment information to the PCM.

A9.18. Workload Adjustment. At the end of minute 3, 5, and 7 the computer will determine if the workload needs to be adjusted. If so, change the workload within 5 seconds and then click the *OK* button. Depending on if and when workload changes are made, the test will run for 8-14 minutes.

A9.19. Monitor Member. Continue to follow the computer's instructions. When the assessment is completed, reduce the workload to 0.5 kp as directed by the computer and initiate the cool-down process. The member must remain on the cycle until his/her heart rate is below 120 beats per minute.

A9.20. Print Assessment. When the assessment is finished, print two copies of the individual assessment report. Inform the member if he/she has an invalid test and needs to reassess.

A9.20.1. The FAM will hand-carry the individual FA report(s) to the appropriate UFPM(s). The FAM will also provide a copy of the individual FA report to the member.

A9.21. Assessment Completion. Instruct the member to remove and wash the transmitter in the disinfectant/soapy water pail, rinse it in the clear water pail, and dry it with the towel provided.

A9.22. Cycle Clean up. To aid in ensuring cycle reliability, wipe the cycle down daily with a towel dampened in soapy/disinfectant water.

A9.23. Testing Environment. The testing environment must be quiet and climate controlled. The ideal temperature is between 68-72 degrees Fahrenheit.

A9.23.1. When the ambient temperature is over 72 degrees Fahrenheit, an oscillating fan for each station shall be used to circulate air over the member during the assessment.

A9.23.2. Assessments are not conducted, and must be discontinued, if the ambient air temperature in the room exceeds 75 degrees Fahrenheit.

A9.23.3. Wall or partition each assessment station area to offer privacy and noise abatement.

A9.23.4. Each assessment area must be at least 80 square feet. The floor must be level to ensure accuracy of the ergometry and weight scale calibration.

Attachment 10

ONE-MILE WALKING TEST INSTRUCTIONS

A10.1. Considerations prior to the One-mile Walk Test

- A10.1.1. Members completing the test must wear proper fitness attire and fitness shoes.
- A10.1.2. Members must warm-up and stretch prior to completing the test.
- A10.1.3. Members must complete the Fitness Screening Questionnaire within 30 calendar days prior to their FA.
- A10.1.4. Evaluate course safety/environmental conditions as described in [Attachment 8 \(A8.3.\)](#) to be evaluated.
- A10.1.5. Unit PTL will give instructions on administering and monitoring of the muscular fitness testing components. Muscular fitness testing is completed after the one-mile walk test/5 minute cool-down if done on same day (must be completed within 5 days).

A10.2. Requirements for administering the One-mile Walking Test

- A10.2.1. A measured one-mile flat, uninterrupted course (preferably a ¼-mile track) approved by the GSU/CC after consultation with FPM.
- A10.2.2. Sufficient trained personnel must be present to be able to monitor members at all times, to record laps if necessary and to record walk completion times and heart rates.
- A10.2.3. Additional equipment requirements include heart monitors for each member testing, timers, notepads, scorecards, pens/pencils, optional exercise mats that are no more than 1 inch thick.

A10.3. Calculating results of the One-mile Walking Test

- A10.3.1. A VO_{2max} score can be calculated by the following equation:
 - A10.3.1.1. Females: $VO_2 = 132.853 - (0.388 \times \text{age in years}) - (0.077 \times \text{weight in lbs.}) - (3.265 \times \text{walk time in minutes, to nearest hundredth}) - (0.157 \times \text{heart rate})$.
 - A10.3.1.2. Males: $VO_2 = 132.853 - (0.388 \times \text{age in years}) - (0.077 \times \text{weight in lbs.}) - (3.265 \times \text{walk time in minutes, to nearest hundredth}) - (0.157 \times \text{heart rate}) + 6.318$.

A10.4. Verbal Instructions for the One-mile Walking Test

Script is to be read to member prior to beginning the One-mile Walking Test.

The one-mile walk test is a sub-maximal aerobic fitness test that predicts your VO_2 max.

You will place a heart rate monitor around your chest and activate the watch provided. Then you must complete a warm-up and stretching period.

You will walk a distance of one mile.

You will be instructed to begin walking when the monitor starts the timer. You are to walk the mile course (4 laps if using a ¼ mile track) as quickly as possible. The accuracy of your score relies on you giving

your best effort. At the completion of your walk the monitor will immediately record your time and pulse rate shown on the polar heart rate monitor.

Following completion of your assessment you must complete a cool-down of a slower walk of approximately 5 minutes.

If at any time during your assessment you are feeling short of breath, chest pain or of ill, you must stop walking immediately and assistance will be given to you.

Attachment 11

STRENGTH ASSESSMENT PROCEDURES

A11.1. Push-up Assessment Procedures

A11.1.1. **Purpose:** The push-up is used to assess the member's upper body muscular fitness.

A11.1.2. **Assessment Duration:** Members have 1 minute to complete as many push-ups as possible.

A11.1.3. **Assessment Explanation:** the PTL or FAM will read the push-up script to the member (A.11.1.10.)

A11.1.4. **Starting Position:** The member will begin in the starting position, with arms fully extended and the body in a straight line from head to heel. The feet may be no more than 12 inches apart. The member's hands and toes must remain on the floor/mat during the entire assessment. The body should maintain a rigid form from head to heel (the body may not bow unless resting in the up position). The member may rest in the up position only. The feet may not be supported or braced.

A11.1.5. **Complete Push-up:** From the starting position (elbows extended), the member will lower the body to the ground until the upper arm is at least parallel to the floor (elbow bent at least 90 degrees or less) before pushing back up to the starting position (the chest may touch the floor). If the member does not come down far enough, the push-up will not count. The member completes one full push-up after returning to the starting position. It is important to monitor the member's form and make sure the body does not bow at the waist as the member tires. The body must remain rigid during the assessment (the back must remain straight unless resting).

A11.1.6. **Stopwatch:** The unit PTL is responsible for operating the stopwatch. The PTL will start the stopwatch when the member(s) is/are instructed to begin, observe the test and notify the member how much time is remaining at 30 seconds and 15 seconds. Prior to beginning the assessment the PTL will inform the members to continue to perform push-ups until directed to stop or until the member is no longer able to continue.

A11.1.7. **Counting/Monitoring:** The PTL or members paired off to accomplish strength assessment components can monitor and count the correct number of push-ups. However, if members are paired off for the assessment, the PTL should oversee and spot-check technique to ensure accurate and safe assessment. The counter/monitor will count the correct number of push-ups out loud, monitor the member for correct form and repeat the number of the last correct push-up. If the member breaks correct form the PTL repeats the last correct number (*e.g.*, one, two, three, three, four, etc.), as well as gives instruction on what was done incorrectly. Monitor the member from a position that allows observance of the member's form and the elbow joint.

A11.1.8. Unit PTL will provide directions for and monitoring of the muscular fitness testing components IAW Para [4.3.4](#).

A11.1.9. **Completion/Recording:** Upon completion of the assessment, record the total amount of correct push-ups.

A11.1.10. **Push-Up Verbal Instructions:**

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

Your hands will be placed on the floor, slightly wider than shoulder width apart, with your fingers pointing forward.

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

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

Keep your hands and feet on the floor if you need to rest. Resting must be done in the **UP** position.

Your breathing should be as normal as possible. Make sure you do not hold your breath. It is recommended that you exhale every time you press up and inhale when you come down.

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

A11.2. Crunch Assessment Procedures

A11.2.1. **Purpose:** the crunch test is one assessment used to assess a member's abdominal muscular fitness.

A11.2.2. **Assessment Duration:** the member will have 1 minute to complete as many crunches as possible.

A11.2.3. **Assessment Explanation:** the crunch instructions (as found below) will be read to the member prior to the assessment. It is recommended that the member stretch out the hip flexors and abdominals prior to beginning the assessment.

A11.2.4. **Starting Position:** the use of a mat is optional. The member will be instructed to lie face up on the floor/mat. In the starting position, the member's feet may extend off the mat, but the buttocks, shoulders, and head must remain on the mat. The member's knees will be bent at a 90° angle, with the feet/heels in contact with the floor at all times. The member's arms will be crossed over the chest with the hands at the shoulders or resting on the upper chest.

A11.2.5. **Foot Hold: the member's heels must remain anchored to the floor throughout the assessment.** The member may request to have their feet held down with the hands or by putting knees on feet but the monitor may not anchor the member's legs by holding onto the calves during the assessment. Enough force must be applied to keep the feet/ankles from rising while the crunches are being accomplished. In place of a monitor holding the feet, an anchored toe-hold bar may be used to anchor the feet so long as the member's heels remain in contact with the ground at all times and the bar cannot move.

A11.2.6. **Complete Crunch:** a complete crunch is accomplished when the upper torso of the member is raised off the floor/mat, the elbows touch the knees or thighs, and the upper torso is lowered back to the floor/mat until the shoulder blades touch the floor/mat. **Elbows must touch the knees or thighs at the top of the crunch, and the shoulder blades must touch the floor/mat at the bottom of the**

crunch. The hands must stay in contact with the shoulders/upper chest at all times. The member may only rest in the up position. If the member rests in the down position, the test will be terminated.

A11.2.7. **Stopwatch:** the unit PTL is responsible for operating the stopwatch. The PTL will start the stopwatch when the member(s) is/are instructed to begin, observe the test and notify the member how much time is remaining at 30 seconds and 15 seconds. Prior to beginning the assessment the PTL will inform the members to continue to perform crunches until directed to stop or until the member is no longer able to continue.

A11.2.8. **Counting/Monitoring:** the PTL or member's partner can monitor and count the correct number of crunches. However, if members are paired off for the assessment, the PTL should oversee and spot-check technique to ensure accurate and safe assessment. The counter/monitor will count the correct number of crunches out loud, monitor the member for correct form and repeat the number of the last correct crunch if the member breaks correct form (e.g., one, two, three, three, four, etc.). In addition to repeating the last correct number, give the member instruction on what is wrong (e.g., you're not going down far enough, keep your back straight, etc.). Monitor the member from a position that allows observance to ensure the shoulder blades touch the floor/elbows touch the knees.

A11.2.9. **Completion/Recording:** upon completion of the assessment, record the total amount of correct crunches.

A11.2.10. **Crunch Verbal Instructions :** (*Read these instructions when the members are ready to test*).

This test measures your abdominal muscular endurance your stomach muscles.

Please lie on your back with your heels flat on the floor, knees bent at 90° angles, and your arms *crossed* in front of the chest such that your hands/fingers remain in contact with your shoulders or chest.

If a toe hold bar is used: Anchor your feet to the ground by hooking your feet/toes under the bar. Your heels may not rise off the ground while you perform the assessment. **If a toe hold bar is NOT used:** Your feet will be held down with your monitor's hands or knees. Your legs cannot be held behind your calves. Let your monitor know if you need your feet held differently prior to beginning the assessment (e.g., You're holding my ankles/feet too tight or not enough).

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

Your breathing should be as normal as possible. Make sure you do not hold your breath. It is recommended that you exhale every time you come up and inhale when you come down.

You have **1 minute** to perform as many **correct** crunches as possible. ***Any resting must be done in the UP position.*** The **correct** number of crunches will be counted out loud. **Incorrect** crunches **will not** be counted and the number of last correct crunch will be repeated and you will be told what you're doing wrong until you correct the error. Your score will be the total number of correct crunches completed in 1 minute.

Attachment 12

FITNESS ASSESSMENT SCORE CHARTS

Males Under 25

Aerobic Fitness		
1.5 Mile Run Time (min.)	Bike Test (VO ₂)	Component Points
≤9:36	≥54	50.00
9:37-9:48	53	47.50
9:49-10:12	51-52	45.00
10:13-10:36	49-50	43.50
10:37-11:06	47-48	42.00
11:07-11:36	45-46	40.50
11:37-12:12	43-44	39.00
12:13-12:54	41-42	37.50
12:55-13:36	39-40	36.00
13:37-14:24	37-38	34.00
14:25-14:54	36	32.00
14:55-15:18	35	30.00
15:19-15:48	34	27.00
15:49-16:24	33	24.00
16:25-16:54	32	21.00
16:55-17:36	31	18.00
17:37-18:12	30	15.00
18:13-18:54	29	12.00
18:55-19:42	28	9.00
19:43-20:36	27	6.00
20:37-21:30	26	3.00
>21:30	<26	0.00

Body Composition	
Abdominal Circumference (inches)	Component Points
<32.5	30.00
32.50	28.75
33.00	27.50
33.50	26.25
34.00	25.00
34.50	23.75
35.00	22.50
35.50	22.35
36.00	22.20
36.50	22.05
37.00	21.90
37.50	21.75
38.00	21.60
38.50	21.45
39.00	21.30
39.50	21.25
40.00	21.00
40.50	18.00
41.00	15.00
41.50	12.00
42.00	9.00
42.50	6.00
43.00	3.00
>43.00	0.00

Muscle Fitness			
1 minute Push-up (# Reps)	Component Points	1 minute Crunch (# Reps)	Component Points
≥62	10.00	≥55	10.00
61	9.75	53-54	9.50
60	9.50	52	9.00
59	9.25	50-51	8.75
57-58	9.00	48-49	8.50
52-56	8.75	46-47	8.25
49-51	8.50	44-45	8.00
45-48	8.25	42-43	7.75
41-44	8.00	40-41	7.50
37-40	7.75	38-39	7.40
33-36	7.50	36-37	7.30
30-32	7.40	35	7.20
27-29	7.30	33-34	7.10
24-26	7.20	32	7.00
21-23	7.10	30-31	6.00
19-20	7.00	28-29	4.00
17-18	6.00	27	2.00
15-16	5.00	<27	0.00
14	4.00		
12-13	3.00		
10-11	2.00		
8-9	1.00		
<8	0.00		

Males 25-29

Aerobic Fitness		
1.5 Mile Run Time (min.)	Bike Test (VO ₂)	Component Points
≤9:36	≥54	50.00
9:37-9:48	53	47.50
9:49-10:12	51-52	45.00
10:13-10:36	49-50	43.50
10:37-11:06	47-48	42.00
11:07-11:36	45-46	40.50
11:37-12:12	43-44	39.00
12:13-12:54	41-42	37.50
12:55-13:36	39-40	36.00
13:37-14:24	37-38	34.00
14:25-14:54	36	32.00
14:55-15:18	35	30.00
15:19-15:48	34	27.00
15:49-16:24	33	24.00
16:25-16:54	32	21.00
16:55-17:36	31	18.00
17:37-18:12	30	15.00
18:13-18:54	29	12.00
18:55-19:42	28	9.00
19:43-20:36	27	6.00
20:37-21:30	26	3.00
>21:30	<26	0.00

Body Composition	
Abdominal Circumference (inches)	Component Points
<32.5	30.00
32.50	28.75
33.00	27.50
33.50	26.25
34.00	25.00
34.50	23.75
35.00	22.50
35.50	22.35
36.00	22.20
36.50	22.05
37.00	21.90
37.50	21.75
38.00	21.60
38.50	21.45
39.00	21.30
39.50	21.25
40.00	21.00
40.50	18.00
41.00	15.00
41.50	12.00
42.00	9.00
42.50	6.00
43.00	3.00
>43.00	0.00

Muscle Fitness			
1 minute Push-up (# Reps)	Component Points	1 minute Crunch (# Reps)	Component Points
≥57	10.00	≥53	10.00
56	9.75	51-52	9.50
55	9.50	50	9.00
54	9.25	48-49	8.75
52-53	9.00	46-47	8.50
48-51	8.75	44-45	8.25
45-47	8.50	42-43	8.00
41-44	8.25	40-41	7.75
37-40	8.00	38-39	7.50
34-36	7.75	36-37	7.40
30-33	7.50	34-35	7.30
27-29	7.40	33	7.20
25-26	7.30	31-32	7.10
23-24	7.20	30	7.00
20-22	7.10	28-29	6.00
17-19	7.00	27	4.00
15-16	6.00	25-26	2.00
13-14	5.00	<25	0.00
11-12	4.00		
10	3.00		
9	2.00		
7-8	1.00		
<7	0.00		

Males 30-34

Aerobic Fitness			Body Composition		Muscle Fitness			
1.5-Mile Run Time (min.)	Bike Test (VO ₂)	Component Points	Abdominal Circumference (inches)	Component Points	1 minute Push-up (# Reps)	Component Points	1 minute Crunch (# Reps)	Component Points
≤9:48	≥53	50.00	<32.5	30.00	≥52	10.00	≥51	10.00
9:49-10:12	51-52	47.50	32.50	28.75	50-51	9.75	49-50	9.50
10:13-10:24	50	45.00	33.00	27.50	49	9.50	48	9.00
10:25-10:54	48-49	43.50	33.50	26.25	48	9.25	46-47	8.75
10:55-11:24	46-47	42.00	34.00	25.00	46-47	9.00	44-45	8.50
11:25-11:54	44-45	40.50	34.50	23.75	43-45	8.75	42-43	8.25
11:55-12:30	42-43	39.00	35.00	22.50	40-42	8.50	40-41	8.00
12:31-12:54	41	37.50	35.50	22.35	36-39	8.25	38-39	7.75
12:55-13:36	39-40	36.00	36.00	22.20	33-35	8.00	36-37	7.50
13:37-14:24	37-38	34.00	36.50	22.05	30-32	7.75	34-35	7.40
14:25-14:54	36	32.00	37.00	21.90	27-29	7.50	33	7.30
14:55-15:18	35	30.00	37.50	21.75	24-26	7.40	31-32	7.20
15:19-15:48	34	27.00	38.00	21.60	22-23	7.30	30	7.10
15:49-16:24	33	24.00	38.50	21.45	20-21	7.20	28-29	7.00
16:25-16:54	32	21.00	39.00	21.30	17-19	7.10	26-27	6.00
16:55-17:36	31	18.00	39.50	21.25	15-16	7.00	25	4.00
17:37-18:12	30	15.00	40.00	21.00	13-14	6.00	23-24	2.00
18:13-18:54	29	12.00	40.50	18.00	12	5.00	<23	0.00
18:55-19:42	28	9.00	41.00	15.00	10-11	4.00		
19:43-20:36	27	6.00	41.50	12.00	8-9	3.00		
20:37-21:30	26	3.00	42.00	9.00	7	2.00		
>21:30	<26	0.00	42.50	6.00	5-6	1.00		
			43.00	3.00	<5	0.00		
			>43.00	0.00				

Males 35-39

Aerobic Fitness			Body Composition		Muscle Fitness			
1.5-Mile Run Time (min.)	Bike Test (VO ₂)	Component Points	Abdominal Circumference (inches)	Component Points	1 minute Push-up (# Reps)	Component Points	1 minute Crunch (# Reps)	Component Points
≤9:48	≥53	50.00	<32.5	30.00	≥46	10.00	≥49	10.00
9:49-10:12	51-52	47.50	32.50	28.75	45	9.75	47-48	9.50
10:13-10:24	50	45.00	33.00	27.50	44	9.50	46	9.00
10:25-10:54	48-49	43.50	33.50	26.25	42-43	9.25	44-45	8.75
10:55-11:24	46-47	42.00	34.00	25.00	41	9.00	42-43	8.50
11:25-11:54	44-45	40.50	34.50	23.75	38-40	8.75	40-41	8.25
11:55-12:30	42-43	39.00	35.00	22.50	35-37	8.50	38-39	8.00
12:31-12:54	41	37.50	35.50	22.35	32-34	8.25	36-37	7.75
12:55-13:36	39-40	36.00	36.00	22.20	30-31	8.00	34-35	7.50
13:37-14:24	37-38	34.00	36.50	22.05	27-29	7.75	32-33	7.40
14:25-14:54	36	32.00	37.00	21.90	24-26	7.50	30-31	7.30
14:55-15:18	35	30.00	37.50	21.75	21-23	7.40	29	7.20
15:19-15:48	34	27.00	38.00	21.60	19-20	7.30	27-28	7.10
15:49-16:24	33	24.00	38.50	21.45	17-18	7.20	25-26	7.00
16:25-16:54	32	21.00	39.00	21.30	15-16	7.10	23-24	6.00
16:55-17:36	31	18.00	39.50	21.25	13-14	7.00	22	4.00
17:37-18:12	30	15.00	40.00	21.00	11-12	6.00	20-21	2.00
18:13-18:54	29	12.00	40.50	18.00	9-10	5.00	<20	0.00
18:55-19:42	28	9.00	41.00	15.00	8	4.00		
19:43-20:36	27	6.00	41.50	12.00	6-7	3.00		
20:37-21:30	26	3.00	42.00	9.00	5	2.00		
>21:30	<26	0.00	42.50	6.00	3-4	1.00		
			43.00	3.00	<3	0.00		
			>43.00	0.00				

Males 40-44

Aerobic Fitness		
1.5-Mile Run Time (min.)	Bike Test (VO ₂)	Component Points
<10:24	>50	50.00
10:25-10:36	49	47.50
10:37-10:54	48	45.00
10:55-11:24	46-47	43.50
11:25-11:54	44-45	42.00
11:55-12:30	42-43	40.50
12:31-13:12	40-41	39.00
13:13-13:36	39	37.50
13:37-14:24	37-38	36.00
14:25-15:18	35-36	34.00
15:19-15:48	34	32.00
15:49-16:24	33	30.00
16:25-16:54	32	27.00
16:55-17:36	31	24.00
17:37-18:12	30	21.00
18:13-18:54	29	18.00
18:55-19:42	28	15.00
19:43-20:36	27	12.00
20:37-21:30	26	9.00
21:31-22:30	25	6.00
22:31-23:36	24	3.00
>23:36	<24	0.00

Body Composition	
Abdominal Circumference (inches)	Component Points
<32.5	30.00
32.50	28.75
33.00	27.50
33.50	26.25
34.00	25.00
34.50	23.75
35.00	22.50
35.50	22.35
36.00	22.20
36.50	22.05
37.00	21.90
37.50	21.75
38.00	21.60
38.50	21.45
39.00	21.30
39.50	21.25
40.00	21.00
40.50	18.00
41.00	15.00
41.50	12.00
42.00	9.00
42.50	6.00
43.00	3.00
>43.00	0.00

Muscle Fitness			
1 minute Push-up (# Reps)	Component Points	1 minute Crunch (# Reps)	Component Points
≥40	10.00	≥47	10.00
39	9.75	45-46	9.50
38	9.50	43-44	9.00
37	9.25	41-42	8.75
36	9.00	39-40	8.50
33-35	8.75	37-38	8.25
31-32	8.50	35-36	8.00
28-30	8.25	33-34	7.75
26-27	8.00	31-32	7.50
23-25	7.75	29-30	7.40
21-22	7.50	27-28	7.30
18-20	7.40	26	7.20
16-17	7.30	24-25	7.10
14-15	7.20	22-23	7.00
12-13	7.10	20-21	6.00
10-11	7.00	19	4.00
8-9	6.00	17-18	2.00
7	5.00	<17	0.00
6	4.00		
4-5	3.00		
3	2.00		
1-2	1.00		
<1	0.00		

Males 45-49

Aerobic Fitness		
1.5-Mile Run Time (min.)	Bike Test (VO ₂)	Component Points
≤10:24	≥50	50.00
10:25-10:36	49	47.50
10:37-10:54	48	45.00
10:55-11:24	46-47	43.50
11:25-11:54	44-45	42.00
11:55-12:30	42-43	40.50
12:31-13:12	40-41	39.00
13:13-13:36	39	37.50
13:37-14:24	37-38	36.00
14:25-15:18	35-36	34.00
15:19-15:48	34	32.00
15:49-16:24	33	30.00
16:25-16:54	32	27.00
16:55-17:36	31	24.00
17:37-18:12	30	21.00
18:13-18:54	29	18.00
18:55-19:42	28	15.00
19:43-20:36	27	12.00
20:37-21:30	26	9.00
21:31-22:30	25	6.00
22:31-23:36	24	3.00
>23:36	<24	0.00

Body Composition	
Abdominal Circumference (inches)	Component Points
<32.5	30.00
32.50	28.75
33.00	27.50
33.50	26.25
34.00	25.00
34.50	23.75
35.00	22.50
35.50	22.35
36.00	22.20
36.50	22.05
37.00	21.90
37.50	21.75
38.00	21.60
38.50	21.45
39.00	21.30
39.50	21.25
40.00	21.00
40.50	18.00
41.00	15.00
41.50	12.00
42.00	9.00
42.50	6.00
43.00	3.00
>43.00	0.00

Muscle Fitness			
1 minute Push-up (# Reps)	Component Points	1 minute Crunch (# Reps)	Component Points
≥40	10.00	≥45	10.00
39	9.75	43-44	9.50
37-38	9.50	41-42	9.00
35-36	9.25	39-40	8.75
33-34	9.00	37-38	8.50
30-32	8.75	35-36	8.25
27-29	8.50	33-34	8.00
25-26	8.25	31-32	7.75
22-24	8.00	29-30	7.50
20-21	7.75	27-28	7.40
18-19	7.50	25-26	7.30
16-17	7.40	24	7.20
14-15	7.30	22-23	7.10
12-13	7.20	20-21	7.00
10-11	7.10	18-19	6.00
9	7.00	17	4.00
7-8	6.00	15-16	2.00
6	5.00	<15	0.00
5	4.00		
4	3.00		
2-3	2.00		
1	1.00		
0	0.00		

Males 50-54

Aerobic Fitness		
1.5 Mile Run Time (min.)	Bike Test (VO ₂)	Component Points
≤11:06	≥47	50.00
11:07-11:24	46	47.50
11:25-11:36	45	45.00
11:37-12:12	43-44	43.50
12:13-12:54	41-42	42.00
12:55-13:36	39-40	40.50
13:37-14:24	37-38	39.00
14:25-15:18	35-36	37.50
15:19-15:48	34	36.00
15:49-16:54	32-33	34.00
16:55-17:36	31	32.00
17:37-18:12	30	30.00
18:13-18:54	29	27.00
18:55-19:42	28	24.00
19:43-20:36	27	21.00
20:37-21:30	26	18.00
21:31-22:30	25	15.00
22:31-23:36	24	12.00
23:37-24:48	23	9.00
24:49-26:06	22	6.00
26:07-27:36	21	3.00
>27:36	<21	0.00

Body Composition	
Abdominal Circumference (inches)	Component Points
<32.5	30.00
32.50	28.75
33.00	27.50
33.50	26.25
34.00	25.00
34.50	23.75
35.00	22.50
35.50	22.35
36.00	22.20
36.50	22.05
37.00	21.90
37.50	21.75
38.00	21.60
38.50	21.45
39.00	21.30
39.50	21.25
40.00	21.00
40.50	18.00
41.00	15.00
41.50	12.00
42.00	9.00
42.50	6.00
43.00	3.00
>43.00	0.00

Muscle Fitness			
1 minute Push-up (# Reps)	Component Points	1 minute Crunch (# Reps)	Component Points
≥39	10.00	≥43	10.00
37-38	9.75	41-42	9.50
35-36	9.50	39-40	9.00
32-34	9.25	37-38	8.75
30-31	9.00	35-36	8.50
27-29	8.75	32-34	8.25
25-26	8.50	30-31	8.00
22-24	8.25	28-29	7.75
20-21	8.00	26-27	7.50
17-19	7.75	24-25	7.40
15-16	7.50	22-23	7.30
13-14	7.40	21	7.20
12	7.30	19-20	7.10
10-11	7.20	17-18	7.00
9	7.10	15-16	6.00
7-8	7.00	14	4.00
6	6.00	12-13	2.00
5	5.00	<12	0.00
4	4.00		
3	3.00		
2	2.00		
1	1.00		
0	0.00		

Males 55+

Aerobic Fitness		
1.5 Mile Run Time (min.)	Bike Test (VO ₂)	Component Points
≤11:06	≥47	50.00
11:07-11:24	46	47.50
11:25-11:36	45	45.00
11:37-12:12	43-44	43.50
12:13-12:54	41-42	42.00
12:55-13:36	39-40	40.50
13:37-14:24	37-38	39.00
14:25-15:18	35-36	37.50
15:19-15:48	34	36.00
15:49-16:54	32-33	34.00
16:55-17:36	31	32.00
17:37-18:12	30	30.00
18:13-18:54	29	27.00
18:55-19:42	28	24.00
19:43-20:36	27	21.00
20:37-21:30	26	18.00
21:31-22:30	25	15.00
22:31-23:36	24	12.00
23:37-24:48	23	9.00
24:49-26:06	22	6.00
26:07-27:36	21	3.00
>27:36	<21	0.00

Body Composition	
Abdominal Circumference (inches)	Component Points
<32.5	30.00
32.50	28.75
33.00	27.50
33.50	26.25
34.00	25.00
34.50	23.75
35.00	22.50
35.50	22.35
36.00	22.20
36.50	22.05
37.00	21.90
37.50	21.75
38.00	21.60
38.50	21.45
39.00	21.30
39.50	21.25
40.00	21.00
40.50	18.00
41.00	15.00
41.50	12.00
42.00	9.00
42.50	6.00
43.00	3.00
>43.00	0.00

Muscle Fitness			
1 minute Push-up (# Reps)	Component Points	1 minute Crunch (# Reps)	Component Points
≥35	10.00	≥41	10.00
33-34	9.75	39-40	9.50
31-32	9.50	37-38	9.00
29-30	9.25	34-36	8.75
28	9.00	32-33	8.50
26-27	8.75	30-31	8.25
24-25	8.50	27-29	8.00
21-23	8.25	25-26	7.75
19-20	8.00	23-24	7.50
17-18	7.75	21-22	7.40
15-16	7.50	20	7.30
13-14	7.40	18-19	7.20
11-12	7.30	16-17	7.10
10	7.20	15	7.00
8-9	7.10	13-14	6.00
6-7	7.00	12	4.00
5	6.00	10-11	2.00
4	5.00	<10	0.00
3	4.00		
2	3.00		
1	2.00		
0	0.00		

Females Under 25

Aerobic Fitness		
1.5-Mile Run Time (min.)	Bike Test (VO ₂)	Component Points
≤11:06	≥47	50.00
11:07-11:36	45-46	47.50
11:37-11:54	44	45.00
11:55-12:30	42-43	43.50
12:31-13:12	40-41	42.00
13:13-14:00	38-39	40.50
14:01-14:54	36-37	39.00
14:55-15:18	35	37.50
15:19-15:48	34	36.00
15:49-16:24	33	34.00
16:25-16:54	32	32.00
16:55-17:36	31	30.00
17:37-18:12	30	27.00
18:13-18:54	29	24.00
18:55-19:42	28	21.00
19:43-20:36	27	18.00
20:37-21:30	26	15.00
21:31-22:30	25	12.00
22:31-23:36	24	9.00
23:37-24:48	23	6.00
24:49-26:06	22	3.00
>26:06	<22	0.00

Body Composition	
Abdominal Circumference (inches)	Component Points
<29.5	30.00
29.50	28.75
30.00	27.50
30.50	26.25
31.00	25.00
31.50	23.75
32.00	22.50
32.50	22.30
33.00	22.00
33.50	21.80
34.00	21.50
34.50	21.30
35.00	21.00
35.50	18.00
36.00	15.00
36.50	12.00
37.00	9.00
37.50	6.00
38.00	3.00
>38.00	0.00

Muscle Fitness			
1 minute Push-up (# Reps)	Component Points	1 minute Crunch (# Reps)	Component Points
≥42	10.00	≥51	10.00
41	9.75	50	9.50
40	9.50	49	9.00
38-39	9.25	46-48	8.75
37	9.00	44-45	8.50
34-36	8.75	42-43	8.25
31-33	8.50	40-41	8.00
27-30	8.25	37-39	7.75
24-26	8.00	35-36	7.50
21-23	7.75	33-34	7.40
18-20	7.50	30-32	7.30
16-17	7.40	28-29	7.20
14-15	7.30	26-27	7.10
12-13	7.20	24-25	7.00
10-11	7.10	22-23	6.00
9	7.00	20-21	4.00
8	6.00	18-19	2.00
7	5.00	<18	0.00
6	4.00		
5	3.00		
4	2.00		
3	1.00		
<3	0.00		

Females 25-29

Aerobic Fitness		
1.5-Mile Run Time (min.)	Bike Test (VO ₂)	Component Points
≤11:24	≥46	50.00
11:25-11:36	45	47.50
11:37-11:54	44	45.00
11:55-12:30	42-43	43.50
12:31-13:12	40-41	42.00
13:13-14:00	38-39	40.50
14:01-14:54	36-37	39.00
14:55-15:18	35	37.50
15:19-15:48	34	36.00
15:49-16:24	33	34.00
16:25-16:54	32	32.00
16:55-17:36	31	30.00
17:37-18:12	30	27.00
18:13-18:54	29	24.00
18:55-19:42	28	21.00
19:43-20:36	27	18.00
20:37-21:30	26	15.00
21:31-22:30	25	12.00
22:31-23:36	24	9.00
23:37-24:48	23	6.00
24:49-26:06	22	3.00
>26:06	21	0.00

Body Composition	
Abdominal Circumference (inches)	Component Points
<29.5	30.00
29.50	28.75
30.00	27.50
30.50	26.25
31.00	25.00
31.50	23.75
32.00	22.50
32.50	22.30
33.00	22.00
33.50	21.80
34.00	21.50
34.50	21.30
35.00	21.00
35.50	18.00
36.00	15.00
36.50	12.00
37.00	9.00
37.50	6.00
38.00	3.00
>38.00	0.00

Muscle Fitness			
1 minute Push-up (# Reps)	Component Points	1 minute Crunch (# Reps)	Component Points
≥41	10.00	≥47	10.00
40	9.75	46	9.50
38-39	9.50	45	9.00
36-37	9.25	42-44	8.75
35	9.00	40-41	8.50
31-34	8.75	38-39	8.25
28-30	8.50	36-37	8.00
25-27	8.25	34-35	7.75
22-24	8.00	31-33	7.50
19-21	7.75	29-30	7.40
16-18	7.50	27-28	7.30
14-15	7.40	25-26	7.20
13	7.30	23-24	7.10
11-12	7.20	21-22	7.00
10	7.10	19-20	6.00
8-9	7.00	17-18	4.00
7	6.00	15-16	2.00
6	5.00	<15	0.00
5	4.00		
4	3.00		
3	2.00		
2	1.00		
<2	0.00		

Females 30-34

Aerobic Fitness		
1.5-Mile Run Time (min.)	Bike Test (VO ₂)	Component Points
≤11:54	≥44	50.00
11:55-12:30	42-43	47.50
12:31-12:54	41	45.00
12:55-13:12	40	43.50
13:13-13:36	39	42.00
13:37-14:24	37-38	40.50
14:25-14:54	36	39.00
14:55-15:18	35	37.50
15:19-15:48	34	36.00
15:49-16:24	33	34.00
16:25-16:54	32	32.00
16:55-17:36	31	30.00
17:37-18:12	30	27.00
18:13-18:54	29	24.00
18:55-19:42	28	21.00
19:43-20:36	27	18.00
20:37-21:30	26	15.00
21:31-22:30	25	12.00
22:31-23:36	24	9.00
23:37-24:48	23	6.00
24:49-26:06	22	3.00
>26:06	<22	0.00

Body Composition	
Abdominal Circumference (inches)	Component Points
<29.5	30.00
29.50	28.75
30.00	27.50
30.50	26.25
31.00	25.00
31.50	23.75
32.00	22.50
32.50	22.00
33.00	22.00
33.50	21.80
34.00	21.50
34.50	21.30
35.00	21.00
35.50	18.00
36.00	15.00
36.50	12.00
37.00	9.00
37.50	6.00
38.00	3.00
>38.00	0.00

Muscle Fitness			
1 minute Push-up (# Reps)	Component Points	1 minute Crunch (# Reps)	Component Points
≥40	10.00	≥42	10.00
39	9.75	41	9.50
37-38	9.50	40	9.00
35-36	9.25	37-39	8.75
33-34	9.00	35-36	8.50
29-32	8.75	33-34	8.25
26-28	8.50	31-32	8.00
23-25	8.25	29-30	7.75
20-22	8.00	27-28	7.50
17-19	7.75	25-26	7.40
14-16	7.50	23-24	7.30
12-13	7.40	22	7.20
11	7.30	20-21	7.10
10	7.20	18-19	7.00
9	7.10	16-17	6.00
7-8	7.00	13-15	4.00
6	6.00	11-12	2.00
5	5.00	<11	0.00
4	4.00		
3	3.00		
2	2.00		
1	1.00		
0	0.00		

Females 35-39

Aerobic Fitness		
1.5-Mile Run Time (min.)	Bike Test (VO ₂)	Component Points
≤11:54	≥44	50.00
11:55-12:30	42-43	47.50
12:31-12:54	41	45.00
12:55-13:12	40	43.50
13:13-13:36	39	42.00
13:37-14:24	37-38	40.50
14:25-14:54	36	39.00
14:55-15:18	35	37.50
15:19-15:48	34	36.00
15:49-16:24	33	34.00
16:25-16:54	32	32.00
16:55-17:36	31	30.00
17:37-18:12	30	27.00
18:13-18:54	29	24.00
18:55-19:42	28	21.00
19:43-20:36	27	18.00
20:37-21:30	26	15.00
21:31-22:30	25	12.00
22:31-23:36	24	9.00
23:37-24:48	23	6.00
24:49-26:06	22	3.00
>26:06	<22	0.00

Body Composition	
Abdominal Circumference (inches)	Component Points
<29.5	30.00
29.50	28.75
30.00	27.50
30.50	26.25
31.00	25.00
31.50	23.75
32.00	22.50
32.50	22.00
33.00	22.00
33.50	21.80
34.00	21.50
34.50	21.30
35.00	21.00
35.50	18.00
36.00	15.00
36.50	12.00
37.00	9.00
37.50	6.00
38.00	3.00
>38.00	0.00

Muscle Fitness			
1 minute Push-up (# Reps)	Component Points	1 minute Crunch (# Reps)	Component Points
≥40	10.00	≥40	10.00
29	9.75	38-39	9.50
28	9.50	37	9.00
27	9.25	35-36	8.75
26	9.00	33-34	8.50
23-25	8.75	31-32	8.25
21-22	8.50	29-30	8.00
19-20	8.25	27-28	7.75
17-18	8.00	25-26	7.50
15-16	7.75	23-24	7.40
13-14	7.50	21-22	7.30
11-12	7.40	20	7.20
10	7.30	18-19	7.10
9	7.20	16-17	7.00
8	7.10	14-15	6.00
6-7	7.00	12-13	4.00
4-5	6.00	9-11	2.00
3	4.00	<9	0.00
1-2	2.00		
<1	0.00		

Females 40-44

Aerobic Fitness			Body Composition		Muscle Fitness			
1.5-Mile Run Time (min.)	Bike Test (VO ₂)	Component Points	Abdominal Circumference (inches)	Component Points	1 minute Push-up (# Reps)	Component Points	1 minute Crunch (# Reps)	Component Points
≤12:30	≥42	50.00	<29.5	30.00	≥20	10.00	≥38	10.00
12:31-12:54	41	47.50	29.50	28.75	19	9.50	36-37	9.50
12:55-13:12	40	45.00	30.00	27.50	18	9.00	34-35	9.00
13:13-14:00	38-39	43.50	30.50	26.25	16-17	8.75	32-33	8.75
14:01-14:54	36-37	42.00	31.00	25.00	15	8.50	30-31	8.50
14:55-15:48	34-35	40.50	31.50	23.75	14	8.25	28-29	8.25
15:49-16:24	33	39.00	32.00	22.50	13	8.00	26-27	8.00
16:25-16:54	32	37.50	32.50	22.30	12	7.75	24-25	7.75
16:55-17:36	31	36.00	33.00	22.00	11	7.50	22-23	7.50
17:37-18:12	30	34.00	33.50	21.80	9-10	7.40	20-21	7.40
18:13-18:54	29	32.00	34.00	21.50	8	7.30	18-19	7.30
18:55-19:42	28	30.00	34.50	21.30	7	7.20	17	7.20
19:43-20:36	27	27.00	35.00	21.00	6	7.10	15-16	7.10
20:37-21:30	26	24.00	35.50	18.00	5	7.00	13-14	7.00
21:31-22:30	25	21.00	36.00	15.00	3-4	6.00	11-12	6.00
22:31-23:36	24	18.00	36.50	12.00	2	4.00	9-10	4.00
23:37-24:48	23	15.00	37.00	9.00	1	2.00	7-8	2.00
24:49-26:06	22	12.00	37.50	6.00	0	0.00	<7	0.00
26:07-27:36	21	9.00	38.00	3.00				
27:37-29:18	20	6.00	>38.00	0.00				
29:19-31:12	19	3.00						
>31:12	<19	0.00						

Females 45-49

Aerobic Fitness			Body Composition		Muscle Fitness			
1.5-Mile Run Time (min.)	Bike Test (VO ₂)	Component Points	Abdominal Circumference (inches)	Component Points	1 minute Push-up (# Reps)	Component Points	1 minute Crunch (# Reps)	Component Points
≤12:30	≥42	50.00	<29.5	30.00	≥18	10.00	≥34	10.00
12:31-12:54	41	47.50	29.50	28.75	17	9.50	33	9.50
12:55-13:12	40	45.00	30.00	27.50	16	9.00	32	9.00
13:13-14:00	38-39	43.50	30.50	26.25	14-15	8.75	30-31	8.75
14:01-14:54	36-37	42.00	31.00	25.00	13	8.50	28-29	8.50
14:55-15:48	34-35	40.50	31.50	23.75	12	8.25	26-27	8.25
15:49-16:24	33	39.00	32.00	22.50	11	8.00	24-25	8.00
16:25-16:54	32	37.50	32.50	22.30	10	7.75	22-23	7.75
16:55-17:36	31	36.00	33.00	22.00	9	7.50	20-21	7.50
17:37-18:12	30	34.00	33.50	21.80	8	7.40	18-19	7.40
18:13-18:54	29	32.00	34.00	21.50	7	7.30	16-17	7.30
18:55-19:42	28	30.00	34.50	21.30	6	7.20	14-15	7.20
19:43-20:36	27	27.00	35.00	21.00	5	7.10	12-13	7.10
20:37-21:30	26	24.00	35.50	18.00	4	7.00	10-11	7.00
21:31-22:30	25	21.00	36.00	15.00	3	6.00	8-9	6.00
22:31-23:36	24	18.00	36.50	12.00	2	4.00	7	4.00
23:37-24:48	23	15.00	37.00	9.00	1	2.00	6	2.00
24:49-26:06	22	12.00	37.50	6.00	0	0.00	<6	0.00
26:07-27:36	21	9.00	38.00	3.00				
27:37-29:18	20	6.00	>38.00	0.00				
29:19-31:12	19	3.00						
>31:12	<19	0.00						

Females 50-54

Aerobic Fitness		
1.5-Mile Run Time (min.)	Bike Test (VO ₂)	Component Points
≤14:24	≥37	50.00
14:25-14:54	36	47.50
14:55-15:18	35	45.00
15:19-16:24	33-34	43.50
16:25-16:54	32	42.00
16:55-17:36	31	40.50
17:37-18:12	30	39.00
18:13-18:54	29	37.50
18:55-19:42	28	36.00
19:43-20:36	27	34.00
20:37-21:30	26	32.00
21:31-22:30	25	30.00
22:31-23:36	24	27.00
23:37-24:48	23	24.00
24:49-26:06	22	21.00
26:07-27:36	21	18.00
27:37-29:18	20	15.00
29:19-31:12	19	12.00
31:13-33:18	18	9.00
33:19-35:48	17	6.00
35:49-38:36	16	3.00
>38:36	<16	0.00

Body Composition	
Abdominal Circumference (inches)	Component Points
<29.5	30.00
29.50	28.75
30.00	27.50
30.50	26.25
31.00	25.00
31.50	23.75
32.00	22.50
32.50	22.30
33.00	22.00
33.50	21.80
34.00	21.50
34.50	21.30
35.00	21.00
35.50	18.00
36.00	15.00
36.50	12.00
37.00	9.00
37.50	6.00
38.00	3.00
>38.00	0.00

Muscle Fitness			
1 minute Push-up (# Reps)	Component Points	1 minute Crunch (# Reps)	Component Points
≥16	10.00	≥30	10.00
15	9.50	29	9.00
14	9.00	27-28	8.75
13	8.75	25-26	8.50
12	8.50	23-24	8.25
11	8.25	21-22	8.00
10	8.00	19-20	7.75
9	7.75	17-18	7.50
8	7.50	15-16	7.40
7	7.40	13-14	7.30
6	7.30	11-12	7.20
5	7.20	9-10	7.10
4	7.10	7-8	7.00
3	7.00	5-6	6.00
2	6.00	3-4	4.00
1	3.00	1-2	2.00
<1	0.00	<1	0.00

Females 55+

Aerobic Fitness		
1.5-Mile Run Time (min.)	Bike Test (VO ₂)	Component Points
≤14:24	≥37	50.00
14:25-14:54	36	47.50
14:55-15:18	35	45.00
15:19-16:24	33-34	43.50
16:25-16:54	32	42.00
16:55-17:36	31	40.50
17:37-18:12	30	39.00
18:13-18:54	29	37.50
18:55-19:42	28	36.00
19:43-20:36	27	34.00
20:37-21:30	26	32.00
21:31-22:30	25	30.00
22:31-23:36	24	27.00
23:37-24:48	23	24.00
24:49-26:06	22	21.00
26:07-27:36	21	18.00
27:37-29:18	20	15.00
29:19-31:12	19	12.00
31:13-33:18	18	9.00
33:19-35:48	17	6.00
35:49-38:36	16	3.00
>38:36	<16	0.00

Body Composition	
Abdominal Circumference (inches)	Component Points
<29.5	30.00
29.50	28.75
30.00	27.50
30.50	26.25
31.00	25.00
31.50	23.75
32.00	22.50
32.50	22.30
33.00	22.00
33.50	21.80
34.00	21.50
34.50	21.30
35.00	21.00
35.50	18.00
36.00	15.00
36.50	12.00
37.00	9.00
37.50	6.00
38.00	3.00
>38.00	0.00

Muscle Fitness			
1 minute Push-up (# Reps)	Component Points	1 minute Crunch (# Reps)	Component Points
≥14	10.00	≥27	10.00
13	9.50	26	9.50
12	9.00	25	9.00
10-11	8.50	23-24	8.75
9	8.00	21-22	8.50
7-8	7.50	19-20	8.25
6	7.40	18	8.00
5	7.30	16-17	7.75
4	7.20	14-15	7.50
3	7.10	12-13	7.40
2	7.00	10-11	7.30
1	6.00	8-9	7.20
<1	0.00	6-7	7.10
		4-5	7.00
		3	6.00
		2	4.00
		1	2.00
		<1	0.00

Attachment 13

ADMINISTRATIVE AND PERSONNEL ACTIONS FOR FAILING TO ATTAIN PHYSICAL FITNESS STANDARDS

Table A13.1.

Poor Fitness score (see Notes 1,2,3) 90 days	90 days	>6 month	>9 months	>12 months	>15 months
Options					
Verbal Counseling		Use verbal counseling anytime and as often as needed			
Letter of Counseling	X	X			
Letter of Admonition	X	X			
Limit Supervisory Responsibilities		X	X		
Letter of Reprimand		X	X		
Establish UIF (Note 3)		X	X		
Withhold/Defer Promotion (Enlisted)		X	X		
Reenlistment Ineligibility (see note 5 & 7)		X	X	X	
Deny Voluntary retraining			X	X	
Deny Formal Training			X	X	
Performance Report Comments (See note 4)					
Promotion Delay (Officers)		X	X	X	
Promotion Removal (Officers)			X	X	
Placement on Control Roster			X	X	
Nonrecommend for Promotion (Enlisted)			X	X	
Remove Supervisory Responsibilities		X	X	X	
Administrative Demotion			X	X	X
Reenlistment Nonselection (see notes 6 & 7)			X	X	X
Administrative Separation				X	X
Retention with continuation in FIP and appropriate administrative actions from 3 rd Poor Fitness Score					X

NOTES:

1. This figure provides the normal sequence and timing of administrative, and personnel actions when an individual fails to achieve a passing fitness score and shows no sign of significant improvement (for guidance refer to **8.2.2.**); however, unit commanders exercise their discretion

when selecting the appropriate administrative and personnel actions... This table is only a suggestion and an example for commanders to use.

2. Unit CCs should take progressively more severe administrative actions based on the number of poor fitness scores an individual has received. Commanders may use one or more of the administrative actions from the appropriate columns. Do not use the same administrative action for more than two consecutive times, except for OPR/EPRs.
3. Commanders should refer to the governing instructions to determine the correct forms and procedures for each action.
4. Do not put fitness scores on OPRs and EPRs. If commanders have taken all the appropriate actions that would lead to a referral report, then wording should not focus on the overall numerical fitness score but rather the reasons/behavior that resulted in the poor FA score. As with any AF standard, you should mark blocks on the front and back of reports accordingly with the same consideration you give individuals concerning any other infraction of AF standards.
5. Commanders may render an individual ineligible for reenlistment rather than denying reenlistment by specifying ineligibility versus non-selection on the AF Form 418, Selective Reenlistment Program Consideration. This allows the flexibility of authorization an individual to extend their reenlistment for either 4 or 7 months to improve their fitness level.
6. Individuals nonselected for reenlistment are not allowed to extend for any reason and will separate on the date of separation (DOS).
7. The commanders may complete a second AF Form 418 changing the member's ineligibility or non-selection status at any time.

Table A13.2. AF RESERVE ADMINISTRATIVE AND PERSONNEL ACTIONS FOR FAILING TO ATTAIN PHYSICAL FITNESS STANDARDS (see notes 1-9)

Poor Fitness score (see Notes 1,2,3)	>12 months	>18 months	>24 months	
Options				
Verbal Counseling Use verbal counseling anytime and as often as needed				
Letter of Counseling	X			
Letter of Admonition	X			
Limit Supervisory Responsibilities	X	X		
Letter of Reprimand	X	X	X	
Establish UIF	X	X	X	
Withhold/Delay/Defer Promotion (enlisted)	X	X	X	
Deny Reenlistment (see notes 5 & 7)	X	X	X	
Deny Voluntary retraining		X	X	
Deny Formal Training		X	X	
Promotion Delay/Removal (Officers)	X	X	X	
Placement on Control Roster		X	X	
Nonrecommend for Promotion (Enlisted)		X	X	
Remove Supervisory Responsibilities	X	X	X	
Administrative Demotion		X	X	X
Reenlistment Nonselection (see notes 6 & 7)		X	X	X
Administrative Separation			X	X
Retention with continuation in FIP/SFIP and appropriate administrative actions from 3 rd Poor Fitness Score				X
Transfer to Obligated Reserve Section (ORS) or Non-obligated, Non-participating Ready Personnel Section (NNRPS) (see note 8)				X

NOTES:

1. The chart below reflects adjustments in Reserve retesting schedule. Action is based on number of retest scores < 70 rather than interval length. Adds additional Reserve-specific options, and considers the circumstances of Reserve members who do not have the same options as the AD force for in attaining and maintaining fitness standards. This applies to both unit and IMA Reservists. This provides the normal sequence of administrative and personnel actions when an individual fails to achieve a passing fitness score **and** show no significant improvement. However, unit CCs

exercise their discretion when selecting the appropriate administrative and personnel actions. This table is only a suggestion of action for commanders.

2. Unit CCs should take progressively more severe administrative actions based on the number of poor fitness scores an individual has received. Commanders may use one or more of the administrative actions from the appropriate columns. Do not use the same administrative action for more than two consecutive times, except for OPR/EPRs.
3. Commanders should refer to the governing instructions to determine the correct forms and procedures for each action.
4. Do not put fitness scores on OPRs and EPRs. If commanders have taken all the appropriate actions that would lead to a referral report then wording should not focus on the overall numerical fitness score but rather the reasons/behavior that resulted in the poor fitness assessment. As with any AF standard, you should mark blocks on the front and back of reports accordingly with the same consideration you give individuals concerning any other infraction of AF standards.
5. CC may render an individual ineligible for reenlistment rather than denying reenlistment by specifying ineligibility versus non-selection on the AF Form 418, Selective Reenlistment Program Consideration. This allows the flexibility of authorization for an individual to extend their reenlistment for either 7 or 12 months to improve their fitness level.

Individuals non-selected for reenlistment are not allowed to extend for any reason and will separate on the date of separation (DOS).

The CCs may complete a second AF Form 418 changing the member's ineligibility or non-selection status at any time.

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. This option must be considered yes/no beginning at this stage and each subsequent poor score.

Refer to the following references for promotion reenlistment and extension, formal training, retraining, or assignment procedures: AFI 36-2612, *United States Air Force Reserve (USAFR) Reenlistment and Retention Program*; AFI 36-3209, *Separation and Retirement Procedures for Air National Guard and Air Force Reserve Members*; AFI 36-2115, *Assignments Within The Reserve Component*; AFI 36-2504, *Officer Promotion, Continuation and Selective Early Removal in the Reserve of the Air Force*; AFMAN 36-8001, *Reserve Personnel Participation and Training Procedures*.

Attachment 14

SAMPLE MEMO FOR TDY/PME

(Appropriate Letterhead)

MEMORANDUM FOR COMMANDANT/TDY COMMANDER

(Date)

FROM: UNIT COMMANDER

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

1. _____ (Rank, Name) received a poor / marginal (circle one) fitness score on _____ (date).
He/she is enrolled in the following improvement program(s):

_____ Fitness Improvement Program (FIP)

_____ Body Composition Improvement Program (BCIP)

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

3. The member must retest NLT _____ (date).

(Signature, Unit Commander)

Attachment:

Individual Fitness Assessment Report

1st Ind, COMMANDANT/COMMANDER

(Date)

MEMORANDUM FOR UNIT COMMANDER

1. _____ (Rank, Name) _____ did / did not enroll and participate in the required improvement programs.
2. A FA was accomplished on (test date) with a score of (composite fitness score).

(Commandant)

Attachment:

Individual FA Report

Attachment 15

**MEDICATIONS AFFECTING AF FITNESS PROGRAM PARTICIPATION
005 EDITION**

This guide deals with medications that may preclude aerobic testing in the FP, i.e. cycle ergometry, walk test, or 1.5 mile run. Before medications are considered as potential sources of medical exemption, the underlying condition should be addressed as a potential source of medical exemption. Chronic conditions that result in medical exemption from any aerobic testing should be reviewed for possible MEB IAW **AFI 10-248 and AFI 48-123**.

Medications that affect the HR or HR response to exercise invalidates any HR based aerobic testing, listed above. Medications, which are used “as needed” or as prophylactics, should be considered for discontinuation at least 72 hours prior to testing on the cycle ergometer or walk test. Chronic medications should not be discontinued simply to allow testing if this would adversely impact the member’s health or safety. Over the counter medications or “supplements” of any kind should not be exempted unless evaluated by a PCM who feels they should not be stopped due to health or safety reasons. Members using acute, short-term medications that result in testing exemptions should be given a temporary profile until the medication is no longer needed.

Class or Specific Drug	Examples	Test Exemption Cycle Ergometry=CE Walk Test=WT Run	Comments
Beta Blockers— All		CE- exempt WT- exempt Run- consider exemption due to effect on maximal performance	Consider discontinuation if used as a prophylactic. Include alpha and beta-blocker combination drugs. Include ophthalmic preparations.
Nitrates— All		CE- exempt WT- exempt Run- exempt unless cleared by cardiologist	Clear underlying condition prior to considering med clearance.
Calcium Channel Blockers— All		CE- exempt WT- exempt Run- no exemption	

Class or Specific Drug	Examples	Test Exemption Cycle Ergometry=CE Walk Test=WT Run	Comments
Non-adrenergic vasodilators— All	Hydralazine, minoxidil, Isoxsuprine, papaverine	All	
Non-selective anti-adrenergic— All	Clonidine, methyldopa	CE- exempt WT- exempt Run- no exemption	
Adrenergic Blockers— All	Phenoxybenzamine	All	
Anti-arrhythmics— All, unless noted elsewhere		CE- exempt WT- exempt Run- exempt unless cleared by cardiologist	Clear underlying condition prior to considering medication clearance.
Sympathomimetics— All	Metoproterenol, isoetharine, Amphetamine and derivatives, Ritalin and derivatives	CE- exempt WT- exempt Run- no exemption	Consider discontinuation if used as a prophylactic or as needed. PCM confirm no lasting tachycardia on stable dosage.
Tricyclic antidepressants— All		CE- exempt WT- exempt Run- no exemption	
Major tranquilizers/ anti-psychotics— Listed	Thorazine, Serentil, Mellaril, Clozapine, Loxapine, Lithium	CE- exempt WT- exempt Run- no exemption	
Anti-epileptics/ anti-convulsants—listed	Phenytoin, Barbiturates	CE- exempt WT- exempt Run- no exemption	First clear underlying condition; then consider medication clearance

Class or Specific Drug	Examples	Test Exemption Cycle Ergometry=CE Walk Test=WT Run	Comments
Propulsid, Cytotec		All	
ACE inhibitors— All		No exemption- consider from CE if results invalid test due to irregular heart rate	
Alpha-blockers— All		As noted above	
Migraine meds— See individual drug listing	Beta-blocker, Tricyclic antidepressant	As noted above	Consider discontinuation if used as a prophylactic or as needed.
	, Midrin triptans,	No exemption	
Phosphodiesterase inhibitors— All	Viagra, Cialis, Levitra	No exemption	Warn Patient not to use within 72 hours of testing.
Loop diuretics— All	Lasix	All- exempt unless cleared by PCM	First clear underlying condition; then consider medication clearance.
Oral hypoglycemics— All		No exemption if stable	Advise members on potential effects of exercise on glycemic condition and potential for hypoglycemia
Thyroid replacement— All		No exemption if euthyroid by lab test	

Class or Specific Drug	Examples	Test Exemption Cycle Ergometry=CE Walk Test=WT Run	Comments
Nicotine replacement— All		No exemptions. If PCM determines med is necessary, only exempt after test trial and invalid tests.	Meds should be stopped prior to testing unless PCM determines need for health or safety reasons
Atrovent		All until cleared by PCM	May cause tachycardia; PCM can clear or exempt based on exam
ADD/ADHD	Stratera	All until cleared by PCM	May cause tachycardia; PCM determines status
THE FOLLOWING MEDICATIONS DO NOT REQUIRE EXEMPTION FROM ANY TEST			
ACE II receptor antagonists			
Antibiotics			
Anti-coagulants			
Antihistamines			
Anti-hyperlipidemics			
Anti-epileptics/ anti-convulsants— Listed	Valproic acid, benzodiazepines, Neurontin		
Cromolyn sodium			
Benzodiazapines			
Corticosteroids			
Diuretics except loop diuretics- see above			
H2 blockers			
Proton pump inhibitors			
NSAIDs			
Psychotropics—Listed	SSRIs, Fluphenazine, perphenazine, trifluoperaine, thiothixene, haloperidol, molindone, amoxapine,		

Attachment 16

THREE-MILE WALK INSTRUCTIONS

A16.1. The following criteria must be considerations prior to the three-mile walk test

A16.1.1. Members completing the test must wear proper fitness attire and fitness shoes

A16.1.2. Members must warm-up and stretch prior to completing the test

A16.1.3. Members must complete the FSQ within 1 month (previous UTA) prior to their fitness test

A16.1.4. Course safety/environmental conditions as described in **Attachment 8 (A8.3.)** to be evaluated

A16.1.5. Unit PTL will give instructions on administering and monitoring of the muscular fitness testing components. Muscular fitness testing may be completed before or after the three-mile walk test/5 minute cool-down if done on same day (must be completed within 5 days).

A16.2. Requirements for administering the three-mile walking test

A16.2.1. A measured three-mile, uninterrupted course (preferably a ¼ mile track) approved by the wing commander. The course will meet requirements of **para A8.2.1.**, with the exception of the number of laps.

A16.2.2. Sufficient trained personnel must be present to be able to monitor members at all times, to record laps if necessary, and to record walk completion times.

A16.2.3. Additional equipment requirements include timers, notepads, scorecards, pens/pencils, and optional exercise mats that are no more than 1-inch thick.

A16.3. Scoring results of the three-mile walking test

A16.3.1. Use tables at the end of this attachment.

A16.4. The following verbal Instructions/script is to be read to member prior to beginning the Three-mile Walking Test.

The three-mile walk test is a sub-maximal aerobic fitness test.

You must complete a warm-up and stretching period.

You will walk a distance of three miles.

You are not allowed to run or jog.

You will be instructed to begin walking when the monitor starts the timer.

You are to walk the three-mile course (12 laps if using a ¼ mile track) as quickly as possible.

The accuracy of your score relies on you giving your best effort.

At the completion of your walk the monitor will immediately record your time.

Following completion of your assessment you must complete a cool-down of a slower walk of approximately 5 minutes or 2 additional laps (if test completed at a track).

If at any time during your assessment you are feeling short of breath, chest pain or of poor health, you must stop walking immediately and assistance will be given to you.

THREE-MILE WALK FITNESS ASSESSMENT SCORE CHARTS

NOTES:

The following fitness score charts provide 3-mile walk scores for sub maximal aerobic testing of reservists.

3-Mile Walk Aerobic Submaximal Test Scores (Males)

<i>Males <25-39</i>		<i>Males 40-49</i>		<i>Males 50+</i>	
3 Mile Walk Time	Component Points	3 Mile Walk Time	Component Points	3-Mile Walk Time	Component Points
<31:24	50.00	<34:18	50.00	<36:00	50.00
31:25-33:00	47.50	34:19-35:36	47.50	36:01-38:18	47.50
33:01-34:24	45.00	35:37-37:42	45.00	38:19-40; 18	45.00
34:25-36:00	43.50	37:43-39:18	43.50	40:19-42; 36	43.50
36:01-37:48	42.00	39:19-41:00	42.00	42:37-45:06	42.00
37:49-39:18	40.50	41:01-42:54	40.50	45:07-46:36	40.50
39:19-40:30	39.00	42:55-43:42	39.00	46:37-47:30	39.00
40:31-40:54	37.50	43:43-44:12	37.50	47:31-48:18	37.50
40:55-41:18	36.00	44:13-44:36	36.00	48:19-49:12	36.00
41:19-42:36	34.00	44:37-45:24	34.00	49; 13-50:06	34.00
42:37-44:18	32.00	45:25-47:36	32.00	50:07-51:48	32.00
44:19-46:24	30.00	47:37-49:42	30.00	51:49-54:48	30.00
46:25-48:36	27.00	49:43-51:48	27.00	54:49-57:54	27.00
48:37-50:42	24.00	51:49-54:48	24.00	57:55-60:54	24.00
50:43-53:18	21.00	54:49-56:54	21.00	60:55-64:54	21.00
53:19-56:42	18.00	56:55-59:30	18.00	64:55-67:54	18.00
56:43-59:36	15.00	59:31-63:18	15.00	67:55-71:00	15.00
59:37-62:36	12.00	63:19-66:18	12.00	71:00-75:18	12.00
62:37-64:18	9.00	66:19-68:24	9.00	75:19-77:54	9.00
64:19-66:00	6.00	68:25-70:54	6.00	77:55-81:00	6.00
66:01-68:36	3.00	70:55-73:30	3.00	81:01-84:00	3.00
>68:37	0.00	>73:30	0.00	>84:00	0.00

3-Mile Walk Aerobic Submaximal Test Scores (Females)

<i>Females <25-39</i>	
3 Mile Walk Time	Component Points
<u><33:06</u>	50.00
33:07-34:30	47.50
34:31-36:30	45.00
36:31-38:00	43.50
38:01-39:54	42.00
39:55-41:18	40.50
41:19-43:06	39.00
43:07-43:54	37.50
43:55-44:42	36.00
44:43-46:36	34.00
46:37-48:12	32.00
48:13-50:36	30.00
50:37-54:06	27.00
54:07-57:18	24.00
57:19-59:42	21.00
59:43-61:42	18.00
61:43-63:36	15.00
63:37-66:00	12.00
66:01-68:24	9.00
68:25-70:42	6.00
70:43-73:30	3.00
>73:30	0.00

<i>Females 40-49</i>	
3 Mile Walk Time	Component Points
<u><35:42</u>	50.00
35:43-37:06	47.50
37:07-38:42	45.00
38:43-41:24	43.50
41:25-43:54	42.00
43:55-45:54	40.50
45:55-47:00	39.00
47:01-47:42	37.50
47:43-48:30	36.00
48:31-49:36	34.00
49:37-51:54	32.00
51:55-55:00	30.00
55:01-58:48	27.00
58:49-61:30	24.00
61:31-63:48	21.00
63:49-66:06	18.00
66:07-68:24	15.00
68:25-71:00	12.00
71:01-73:42	9.00
73:43-77:06	6.00
77:07-79:48	3.00
>79:48	0.00

<i>Females 50+</i>	
3 Mile Walk Time	Component Points
<u><40:30</u>	50.00
40:31-41:54	47.50
41:55-43:18	45.00
43:19-44:54	43.50
44:55-47:06	42.00
47:07-49:36	40.50
49:37-51:00	39.00
51:01-52:00	37.50
52:01-53:06	36.00
53:07-54:36	34.00
54:37-57:24	32.00
57:25-60:18	30.00
60:19-62:30	27.00
62:31-64:42	24.00
64:43-66:48	21.00
66:49-69:42	18.00
69:43-73:00	15.00
73:01-76:12	12.00
76:13-79:30	9.00
79:31-81:18	6.00
81:19-87:24	3.00
>87:24	0.00

Attachment 17

THREE-MINUTE STEP TEST

A17.1. Three-Minute Step Assessment Procedures.

A17.1.1. Members must complete the Fitness Assessment/Screening Questionnaire.

A17.1.2. FPM/UFPM ensure availability of fitness assessment equipment (e.g., CD timer or stopwatch, pen, 11.25 inch step, erasable markers, approved heart rate monitor).

A17.1.3. Members must wear proper fitness attire/shoes for testing.

A17.1.4. Instruct members to stop at any time if he/she feels chest pain, shortness of breath, or dizziness.

A17.1.5. Participants should practice finding his/her own pulse. Participants should then find buddies pulse and may mark the spot with an "X."

A17.2. The following Instructions are guidance for the step test. The scripts are to be read to members prior to beginning the three-minute step test.

A17.3. Verbal Instruction for Resting Pulse.

Have the first group being assessed sit on the step.

Instruct Buddy 2 that when you hear the "Start" command to begin counting Buddy 1's pulse for 15 seconds.

Press play on Track One of Timer CD to start the 15-second timer, which includes 5 seconds countdown.

Buddy 2 will count the pulse for 15-seconds until they hear the command to "Stop."

Buddy 2 advise Buddy 1 the number counted for the 15- second period and Buddy 1 will document number that tested member's questionnaire. If pulse is greater than 25 for 15- seconds, the individual needs to be evaluated by the MLO.

Repeat assessment for Buddy 2.

A17.4. Three-Minute Step Test Script.

Buddy 1 stand behind your step. You will step up onto the step (up, up) and back down (down, down) in time with the commands and the beat of the cadence. You can alternate which foot goes up onto the step first.

Press play on Track Two of the Timer CD to start the Step Test timer, which includes a ten beat countdown.

Buddy 1 you will step up and down in time with the beat for three minutes until you hear the command to "Stop" at which time you will sit down on the step immediately and allow Buddy 2 to find your pulse.

Buddy 2 you will then hear the command to “Start Counting Now” at which time you’re to take the pulse of Buddy 1 for a full minute until you hear the command to stop.

Buddy 2 will advise Buddy 1 the pulse rate number of the sixty-second count. Buddy 1 will record the number the tested member’s questionnaire. Buddy 2 will annotate the sixty-second count on Buddy 1’s questionnaire.

Ask the individuals being assessed every minute if they feel okay and advise them to stop and sit down if they feel light-headed dizzy or experience pain.

Repeat assessment for Buddy 2.