

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

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**AIR FORCE RESERVE COMMAND
Supplement 1**

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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 40-501, *Air Force Fitness Program* and AFI 40-502, *The Weight and Body Fat Management Program*. 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) and Air National Guard (ANG) members must meet the standards outlined in this instruction; AFRC and ANG supplement/instruction provides specific information for Active/Guard Reserve (AGR) and Traditional Reserve (TR) members. Individual Mobilization Augmentee (IMA) and Participating Individual Ready Reserve (PIRR) members fall under the provisions of this AFI. 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*. 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 must be physically fit to support the Air Force 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 provides commanders with a tool to assist in the determination of overall fitness of their military personnel.

(AFRC) AFI 10-248, 1 January 2004 is supplemented as follows. This supplement supersedes all guidance provided in, AFRCI 40-501, 31 May 1999, *Air Force Reserve Fitness Program*; and AFRCI 40-502, 28 Oct 2002, *Air Force (USAFR) Weight and Body Fat Management Program*. AFRC supplemental material is annotated. This supplement describes Air Force Reserve procedures to be used in conjunction with the basic instructions. It applies to unit assigned Air Force reservists (traditional Reservists and Air Reserve Technicians [ART]), Active Guard Reserve (AGR) personnel assigned to reserve units, individual mobilization augmentees (IMA), and participating Individual Ready Reserve (PIRR). AGR personnel assigned to active duty (AD) units do not fall under this supplement; they will follow the guidance in AFI 10-248. Individual mobilization augmentees are tested through their attached/assigned unit under the guidelines of AFI 10-248. Intervention, retesting and administrative actions for IMAs are governed by this supplement. Reservists will meet the same physical fitness standards as the active component, but there are variations in the sub maximal aerobic fitness testing and in the intervention and education aspects of the program that are time, resource, or participation status driven. AF Reservists rely on AD host programs for support. 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*. 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.

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Chapter 1

RESPONSIBILITIES

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

1.1.1. (Added-AFRC) US Air Force Chief of the Reserve (AF/RE). Directs implementation of the program as it applies to Air Force Reservists. Develops additional policy and procedures applicable to Reserve participation.

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

1.2.1. Develops fitness policy.

1.2.2. Directs training programs and 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 ILV, DP, and AETC/CC on matters relating to fitness policy.

1.3. US Air Force Personnel (AF/DP).

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, Officer Training School, Commissioned Officer Training School, Reserve Officer Training Corps, Basic Military Training, and Technical Training Schools align with this instruction.

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

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

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

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

1.5. Air Force Medical Support Agency (AFMSA).

1.5.1. Reports statistical data required by DoD Instruction 1308.3 on physical fitness testing 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 providing consultative services to:

1.5.2.1.1. AFSVA on fitness and nutrition programming, education, and training for fitness centers, dining facilities, and flight kitchens.

1.5.2.1.2. Health and Wellness Center (HAWC) staffs, Fitness Program Managers (FPMs), Medical Treatment Facilities (MTFs), and the Air Force Medical Service (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 consultation for MAJCOM fitness program consultants.

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

1.5.2.5. Provides functional expertise to support development and maintenance of the fitness 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 weight gain prevention, weight loss, and maintenance of weight loss.

1.5.4. Provides guidance for the fitness training courses at USAFSAM.

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

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

1.6.2. Implements personnel policy.

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

1.7. Air Force Services Agency (AFSVA).

1.7.1. Provides technical assistance and program guidance to the base fitness centers for developing fitness improvement programs (FIPs) in support of the FP.

1.7.2. Provides fitness program 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 fitness program 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. Ensures safe and effective physical training (PT) programs and healthy meals are available.
- 1.8.2. Incorporates fitness and nutrition into compliance checklists for MAJCOM inspections (i.e., Operational Readiness Inspections, Unit Compliance Inspections, etc.)
- 1.8.3. Ensures MAJCOM/SG, in coordination with MAJCOM Health Promotion Director (HPD), appoints a fitness consultant to operate as a liaison between installation programs and AFMSA.
- 1.8.3. (AFRC) AFRC/CC through AFRC/SG appoints a fitness, nutrition and health promotion consultant to operate as a liaison between wing programs and AFMSA to support the fitness program.
- 1.8.4. Appoints the MAJCOM Nutrition Consultant who, in coordination with the MAJCOM HPD, operates as the liaison between installation nutrition program managers and AFMSA.

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.
- 1.9.2. (AFRC) AFRC wing commanders promote and support unit fitness programs as mission requirements allow. Wing commanders will establish local policy for subordinate unit commanders regarding use of duty time for Physical Training (PT) during unit training assemblies (UTA), annual tours (AT) and special tours. Encourages all assigned personnel to participate in a regular personal exercise program.
- 1.9.3. Provides appropriate staff, safe facilities and equipment, resources, and funding to establish and maintain PT programs and healthy meals.
- 1.9.3. (AFRC) AFRC wing commanders will make arrangements for suitable testing facilities, personnel and funding to establish and maintain physical training programs and assessment for assigned units.
 - 1.9.3.1. Provides authorization and funding for FPM and Information Systems Manager at Health and Wellness Center.
 - 1.9.3.1. (AFRC) Reference to FPM is not applicable for AFRC. A wing level Information Systems Manager for the Fitness Program will be appointed by the wing commander as an additional duty.
- 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. Provides a fitness assessment facility located within the HAWC where cycle ergometry assessments can be conducted under the supervision/observation of HAWC staff.
 - 1.9.4.2. Ensures Fitness Assessment Monitors (FAMs) are available to conduct cycle ergometry fitness assessments. A centralized pool of active duty or civilian/contract FAMs is recommended to decrease FAM training time and unit workload (i.e., would require about 1 FTE/4000 active duty assigned). If active duty, FAM should be available for at least one year.
 - 1.9.4.2. (AFRC) AFRC wing commanders will not need to resource FAMs since cycle ergometry is not conducted in Reserve units.

1.9.4.3. Approves 1.5 mile run testing course(s) with input from the FPM.

1.9.4.3. (AFRC) Approves 1.5 mile run and 3 mile walk testing courses with input from Fitness Coordinator (FC) when there is no AD FPM available as a consultant.

1.9.5. Monitors Air Force fitness testing procedures and administrative actions to ensure equitable administration 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. Makes necessary arrangements to ensure adequate PT and healthy eating for members remaining at home base during AEF rotations.

1.9.7. (AFRC) This applies to Reserve members that are mobilized in place.

1.9.8. (Added-AFRC) Requests host HAWC support during UTAs and seeks access for reservists in marginal and poor fit categories to HAWC intervention programs on a space available basis.

1.9.9. (Added-AFRC) May authorize man-days or points for Reservists to attend voluntary intervention programs at HAWCs.

1.9.10. (Added-AFRC) Designates a wing Fitness Coordinator (FC) to provide wing-level oversight of the fitness program.

1.9.11. (Added-AFRC) Subject to AF and AFRC contracting policies and guidelines may contract the services of civilian exercise physiologists or fitness consultants to provide individual or group fitness education.

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 active duty members receive training on fitness program medical processes during initial orientation and on an annual basis.

1.10.2. (AFRC) This includes IMA/PIRR assigned/attached to active duty units and tenant unit Reservists assigned to associate units supported by active duty medical treatment facilities (MTFs).

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

1.10.3. (AFRC) For AFRC units the commander will appoint an information systems manager for the fitness program. Oversight will be provided by HQ AFRC/SCOS and HQ AFRC/SGSI).

1.11. Installation Services Commander/Director.

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

1.11.1. (AFRC) Reserve Services commanders or chiefs at non-located bases will identify to installation commander the requirements for adequate staff, facilities, equipment, and resources to support fitness. At located bases, coordinates Reserve unit access to staff, facilities, and resources for the fitness program with host.

1.11.2. Plans, programs, budgets, and funds the safe and effective, in-garrison fitness improvement program (FIP) classes in consultation with the Fitness Program Manager, to include joint SV/SG fitness marketing efforts.

1.11.3. Ensures that all fitness center staff attends continuing fitness education provided by the FPM at least annually.

1.11.4. Ensures food facility directors provide healthy and low fat meals and a healthy eating awareness program at Services food facilities.

1.11.4. (AFRC) AFRC Services commanders/directors will encourage food facility directors to offer healthy meals and healthy eating awareness program at Services food facilities.

1.11.5. Ensures fitness center director and staff are trained and prepared to support FP in garrison and in deployed locations.

1.11.5.1. Ensures fitness staff is trained to support FP, e.g., Cooper Training, FPM training, developing and leading group exercise, leading FIP classes, etc.

1.11.5.2. Provides unit PT leaders a thorough fitness center orientation to include group PT class setup, equipment use and safety procedures.

1.11.5.3. (Added-AFRC) AFRC fitness centers do not provide FPM training, FIP classes, or PT Leader training.

1.12. Unit/Squadron Commander.

1.12.1. Leads the unit fitness program.

1.12.2. Provides overall work environment for a community that is supportive of optimal nutrition and fitness by providing access to healthy foods and time to exercise during duty hours.

1.12.3. 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 and reviewed/developed in consultation with the FPM.

1.12.3. (AFRC) Reserve commanders encourage and support unit fitness programs as mission requirements allow. PT programs not outlined in [Attachment 3](#) or AFRC guidance should be written and reviewed/developed in consultation with the host FPM or HQ AFRC/SGP.

1.12.3.1. Commanders will offer a unit-based program at least three times per week specifying frequency of required individual participation.

1.12.3.1. (AFRC) Reserve commanders will offer a unit-based physical training program at least three times per week for AGR and activated Reservists specifying frequency of required individual participation.

1.12.3.2. (Added-AFRC) Reserve commanders encourage ART personnel to participate in duty time exercise programs according to AFRC policy for civilian employees and develops plan for their participation.

1.12.3.3. (Added-AFRC) Reserve commanders determine if traditional Reservists will exercise during unit training assemblies(UTA) and annual tour (AT) duty hours. For IMA and PIRR, the commander of the attached unit will determine exercise requirements during individual duty for training periods (IDT) and AT.

1.12.4. Ensures all members are permitted up to 90 minutes of duty time for physical training three to five times weekly.

1.12.4. (AFRC) Reserve commanders ensure all AGR and activated Reservists are permitted up to 90 minutes of duty time for physical training three to five times weekly.

1.12.5. Appoints unit physical training leader (PT leader) to conduct unit PT and fitness assessments (body composition assessment, 1.5 mile timed run, push-ups and crunches).

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

1.12.5.2. The appointee(s) should be available to accomplish PT leader duties for a minimum of one year.

1.12.5.3. Ensures PT leader attends an initial PT leader course instructed by HAWC staff prior to overseeing and conducting the unit fitness program.

1.12.5.3. (AFRC) Reserve commanders ensure PT leader receives instruction on the unit fitness program. When feasible, PT leaders attend host HAWC training. PT leader training may be by teleconference, video broadcast, computer based training, etc.

1.12.5.4. (Added-AFRC) Reserve unit PT leaders may be appointed to conduct unit training if the commander elects to have a group PT program.

1.12.6. May appoint additional members to conduct body composition assessment. Appointed members must receive training from the FPM prior to conducting body composition assessments.

1.12.6. (AFRC) Reserve members must receive training from the FC or other method approved by AFRC/SGP prior to conducting body composition assessments if training cannot be obtained from the AD FPM.

1.12.7. Appoints a Unit Fitness Program Manager (UFPM).

1.12.7.1. The appointee should be available for a minimum of one year.

1.12.8. Should establish a mechanism to recognize personnel who attain/maintain an excellent fitness level and/or make significant improvement.

1.12.9. Administers personnel actions of the program (see [Attachment 13](#)).

1.12.9.1. Ensures all assigned or attached unit personnel are in compliance with all fitness program requirements (e.g., unit PT, scheduled fitness assessments, HAWC classes and follow-up, and FIP).

1.12.9.1. (AFRC) Applies to AGR members. At collocated bases, Reserve members are encouraged to attend HLW, FIP and BCIP on their own time. At non-collocated bases, Reservists will be offered education/intervention programs through multimedia.

1.12.9.2. Takes appropriate administrative action when an individual fails to accomplish a scheduled fitness assessment, attend a scheduled fitness appointment, or maintain the required documentation of exercise while on FIPs.

1.12.9.3. Ensures fitness case file is placed in the MPF outprocessing package for members departing for PCS or PCA and hand-carried to the gaining unit. The losing CSS will retain a copy for 90 days.

- 1.12.9.3. (AFRC) For Reservists this applies to inter and intra-unit transfers and change of attachment.
- 1.12.9.4. (Added-AFRC) Directs members in poor fit categories to enter into a self-paced fitness improvement program (SFIP). Member participation in non-duty status is encouraged.
- 1.12.10. Requests a periodic fitness program review by the HAWC staff to evaluate unit physical training and testing program or by the MPF to evaluate administrative aspects of the program.
- 1.12.10. (AFRC) Reserve commanders can request staff assistance from host HAWCs.
- 1.12.11. Refers deploying members enrolled in FIP to the HAWC for consultation prior to deployment.
- 1.12.11. (AFRC) Reserve commanders consider referral of deploying members in the marginal/poor fit categories to the reserve medical unit (HAWC not available) for consultation prior to deployment.
- 1.12.12. Ensures members returning from deployment, who were exempted during deployment, are tested within 6 weeks after return and reconstitution period.
- 1.12.12. (AFRC) Reserve commanders will ensure members returning from deployment, who were exempted during deployment, are tested within 90 days after return and reconstitution period. The 90 day period allows acclimatization and integration into the UTA/IDT FP schedule.
- 1.12.13. (Added-AFRC) Reserve commanders may authorize man-days or points for personnel to attend HLW, BCIP, or FIP classes at host HAWCs where they are available.

1.13. Deployed Unit Commander.

- 1.13.1. Provides environment that supports and motivates a healthy lifestyle.
- 1.13.2. Appoints a deployed unit PT leader to facilitate unit PT program.
- 1.13.3. Ensures personnel enrolled in FIP continue to meet program requirements, if feasible.

1.14. Unit Fitness Program Manager (UFPM).

- 1.14.1. Completes UFPM training within 30 days of appointment.
- 1.14.1. (AFRC) Reserve UFPMs complete UFPM training within 60 days of appointment.
- 1.14.2. Oversees the administration of the FP for the unit.
 - 1.14.2.1. Enters and updates exemptions in the fitness software application.
 - 1.14.2.2. Administers fitness screening questionnaire.
 - 1.14.2.3. Schedules individuals for fitness assessments.
 - 1.14.2.4. Ensures member's fitness assessment results are entered into the assessment database.
 - 1.14.2.5. Responsible for taking actions commensurate with the member's fitness level.
 - 1.14.2.5.1. Initiates AF Form 108, *Physical Fitness Education and Intervention Processing*, IAW paragraph **8.4**.
 - 1.14.2.5.1. (AFRC) All sections of **AF Form 108** apply to AGRs. For traditional Reservists, sections II and III are optional but recommended.

1.14.2.5.2. Schedules members for instruction on and enrollment into a HLW, exercise prescription, Body Composition Improvement Program (BCIP) and FIP at the HAWC, as appropriate.

1.14.2.5.2. (AFRC) At collocated bases, notifies the HAWC of members that are eligible to attend the HLW and/or FIP. Schedules all AGR members and Reservists who opt to attend HLW, FIP, BCIP for education/intervention at HAWC as appropriate.

1.14.2.5.3. Tracks and reviews AF Form 1975, *Personal Fitness Progress Chart*, or electronic equivalent for members on FIP. Notifies the commander and supervisor and/or first sergeant of failure to comply.

1.14.2.5.3. (AFRC) Reserve UFPM Tracks and reviews **AF Form 1975**, *Fitness Improvement Activity Log – Aerobic Training – Strength Training*, or electronic equivalent for AGRs on FIP or for traditional reservists/IMAs on SFIP.

1.14.3. Notifies the unit commander of members failing to attend scheduled fitness appointments.

1.14.4. Provides fitness metrics and unit status report to the unit commander/unit leaders monthly.

1.14.5. (Added-AFRC) Notifies members whose scores are <70 during the UTA/IDT in which they were tested.

1.14.6. (Added-AFRC) Provides members whose composite scores are less than 70 with information to access FP web-based educational tools.

1.14.7. (Added-AFRC) Provides information and reports to the wing Fitness Coordinator as required.

1.14.8. (Added-AFRC) Reports adverse events (illness/injury) associated with fitness program participation to unit commander, Fitness Coordinator, and reserve medical unit or host medical treatment facility.

1.15. Immediate supervisor.

1.15.1. Participates, supports, and promotes an overall understanding among personnel regarding the Fitness Program.

1.15.2. Allows member up to 90 minutes of duty time for PT three to five times weekly; in cases where mission prohibits a member from participating in PT, the commander or first sergeant should be notified.

1.15.2. (AFRC) For AFRC, ensures all members are permitted duty time for physical training in accordance with wing policy.

1.15.3. Promotes participation in unit physical training (PT) programs.

1.15.4. Ensures all subordinates complete scheduled fitness assessment and attend all required education/intervention appointments.

1.16. Physical Training Leader (PT Leader).

1.16.1. Attends an initial PT leader course instructed by HAWC staff prior to overseeing and conducting the unit fitness program.

1.16.1. (AFRC) In AFRC, the primary responsibility is to conduct unit fitness assessments. The unit PT program is at the discretion of the unit commander. It is highly recommended that the PT leader attend an initial PT leader course instructed by host HAWC staff, if available before conducting unit PT program. Must complete AFRC-specific PT leader training prior to performing assessments.

1.16.2. Attends PT leader fitness center orientation.

1.16.2. (AFRC) AFRC PT leaders are encouraged to attend host fitness center orientation where available.

1.16.3. Completes Cardiopulmonary Resuscitation (CPR) training. Automated External Defibrillator (AED) training recommended.

1.16.4. Leads unit PT program that is approved by the unit commander and the FPM.

1.16.4. (AFRC) FPM approval of AFRC PT programs is N/A. The host FPM can be consulted where available.

1.16.5. Oversees and administers unit fitness assessments.

1.16.6. Maintains a good/excellent fitness level.

1.16.7. (Added-AFRC) Report adverse events (injuries/illness) associated with fitness program participation to UFPM, and reserve medical unit or host military treatment facility.

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

1.17.1. Provides or designates medical oversight and training for the installation fitness program, medical evaluations, medical waivers, and physical standards.

1.17.1. (AFRC) For AFRC units, also includes medical exemptions, medical profiling, and medical aspects of Line of Duty (LOD) determinations

1.17.2. Establishes process that ensures cardiovascular risk assessment is updated/validated during PHA appointments.

1.17.2. (AFRC) In AFRC units, RCPHA replaces PHA.

1.17.3. Develops local policy for medical clearance of members who answer "yes" to questions on the Fitness Screening Questionnaire.

1.17.4. Ensures fitness program policies, medical conditions and medications affecting fitness assessments, and profiling and exempting procedures are briefed to the medical professional staff at least annually.

1.17.5. (Added-AFRC) AFRC equivalent is Fitness Program Medical Liaison (FPML). The FPML will normally be the Chief, Aerospace Medicine (SGP) for the Reserve Medical Unit (RMU) that provides health service support to the parent wing/group. The FPML should be a medical provider since the scope of duties requires making medical dispositions.

1.17.6. (Added-AFRC) Provides medical disposition based on reports from health care providers related to members' participation and testing (added).

1.17.7. (Added-AFRC) Establishes procedures with AD host medical treatment facility (MTF) for referral of eligible reservists for medical evaluation and treatment.

1.17.8. (Added-AFRC) Reports adverse events related to fitness program participation (see [Attachment 15 \(Added\)](#)).

1.18. Military Personnel Flight (MPF). Appoints an installation personnel consultant for the FP. The appointee serves as a consultant to unit commanders on personnel actions.

1.19. Health Promotion Flight Commander/Chief or Element Leader.

1.19.1. Supervises members performing duties in the HAWC.

1.19.2. Facilitates environmental assessment and community-based education/intervention to encourage and support physical fitness, 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 paragraph 5.

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

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

1.19.6. (Added-AFRC) The Health Promotion Flight Commander/Chief or Element Leader does not exist in 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 one year of hire as a condition of employment.

1.20.1.2. Completes Health Promotion 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; 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.

1.20.3. Serves as a fitness consultant to unit 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 unit PT leaders to lead unit PT and conduct unit fitness assessments.

1.20.4.4. Conducts periodic quality checks on PT and testing to ensure safe and effective fitness programs.

- 1.20.4.5. Trains and certifies FAMs to conduct cycle ergometry testing initially and renews certification annually.
- 1.20.4.6. Ensures HAWC fitness testing equipment (i.e., cycle ergometers, heart rate monitors) is procured, maintained, and replaced as needed.
- 1.20.4.7. Assigns units cycle ergometry fitness testing stations each month to ensure adequate availability to accomplish fitness testing on members not cleared to run.
- 1.20.4.8. Conducts SAVs on unit PT and fitness testing as requested.
- 1.20.5. Provides fitness education and expertise IAW paragraph 5.
 - 1.20.5.1. Develops fitness programs for individuals medically cleared to exercise but exempted from fitness assessment components, to include pre/postnatal PT programs.
 - 1.20.5.2. Coordinates with the fitness center director to ensure availability/appropriateness of equipment and FIP classes; trains fitness center staff on installation FIP requirements/procedures.
 - 1.20.5.3. Provides program education and training as requested (e.g., medical in-service, UFPM training session).
- 1.20.6. Provides continuing education for fitness center staff in coordination with the Fitness Center Director for activities in garrison and deployed locations.
- 1.20.7. (Added-AFRC) Provides support to AFRC units on space available basis since this expertise is not available in AFRC wings.

1.21. Nutrition Program Manager/Certified Diet Therapy Technician.

- 1.21.1. Position held by a credentialed Registered Dietitian or AF-certified diet therapy technician.
- 1.21.2. Facilitates environmental assessment and community-based education/intervention (i.e., healthy snacks in vending machines, healthy choices at base dining facilities) to encourage and support healthy eating practices, weight gain prevention initiatives and weight loss maintenance initiatives.
- 1.21.3. Serves as a nutrition consultant to unit commanders, first sergeants and supervisors.
- 1.21.4. Provides nutrition education and intervention IAW paragraph 5.
- 1.21.5. (Added-AFRC) Nutrition Program Manager/Certified Diet Therapy Technicians do not exist in many AFRC units. Para**1.21.** applies to AD support of Reservists.

1.22. Health and Wellness Center (HAWC) Information Systems Manager.

- 1.22.1. Installation administrator for fitness software application and data collection.
 - 1.22.1.1. Oversees data quality management.
 - 1.22.1.2. Ensures members responsible for fitness assessments have appropriate access to the fitness assessment database.
 - 1.22.1.2. (AFRC) In AFRC units the wing FC will assign roles for access to the fitness assessment database
 - 1.22.1.3. Conducts training for UFPMs on administrative responsibilities.

- 1.22.2. Updates and maintains current versions of cycle ergometry software in the HAWC.
- 1.22.3. Provides routine technical support and maintenance for HAWC computer systems.
- 1.22.4. Template and schedule manager for education and intervention programs IAW paragraph 5.
- 1.22.5. Builds and maintains HAWC web page.

1.23. Fitness Assessment Monitor (FAM).

- 1.23.1. Conducts cycle ergometry assessments at the HAWC.
- 1.23.2. Completes and passes initial/annual refresher training on cycle ergometry testing.
- 1.23.3. Refers members with questions concerning the fitness program, safety, or their test score to the UFPM or FPM.
- 1.23.4. Refers members with inconclusive or invalid cycle ergometry results to the UFPM to be rescheduled within 5 duty days.
- 1.23.5. (Added-AFRC) Fitness Assessment Monitors are N/A in AFRC units. AFRC units do not conduct cycle ergometry testing.

1.24. Military Treatment Facility Medical Provider.

- 1.24.1. Maintains familiarity with fitness policy, screening, profiling and exempting procedures for fitness assessments.
- 1.24.2. Attends training provided by the FPM regarding fitness program policies, medical conditions affecting fitness assessments, and profiling and exempting procedures at least annually.
- 1.24.3. Reviews cardiovascular risk screening on all members during Preventive Health Assessment (PHA) evaluations to determine risk level.
- 1.24.4. Makes a medical disposition modifying exercise participation on any visit which affects the member's ability to perform PT.
 - 1.24.4.1. Provides risk assessment and recommendations for members referred by FPM or unit due to positive response on Fitness Screening Questionnaire (**Attachment 4**).
 - 1.24.4.2. Evaluates members who remain poor fit for >6 months for medical cause.
 - 1.24.4.3. Completes AF Form 422, Physical Profile Serial Report, for members unable to perform any component of the fitness test and/or has existing medical conditions that preclude any component of fitness testing or conditioning IAW para **4.1**.
- 1.24.5. (Added-AFRC) AFRC does not have MTFs. For Reservists receiving medical support from active duty medical treatment facilities (IMA/PIRR/AGR and GSUs), para **1.24.1** through **1.24.4** apply. In AFRC medical units, medical providers serve as Periodic Health Assessment Monitor (PHAMs) with the following responsibilities:
 - 1.24.5.1. (Added-AFRC) Maintains familiarity with fitness policy, screening, profiling and exempting procedures for fitness assessments.

1.24.5.2. (Added-AFRC) Attends training from the FPML as required regarding fitness program policies, medical conditions affecting fitness assessments, and profiling and exempting procedures.

1.24.5.3. (Added-AFRC) Reviews cardiovascular and other health risk screening on Reservists during RCPHA evaluations to determine risk level and ability to fully participate in exercise and fitness testing.

1.24.5.4. (Added-AFRC) Performs FP participation assessments on Reservists referred by the commander or UFPM.

1.24.5.5. (Added-AFRC) Provides risk assessment and recommendations for members referred by UFPMs due to positive response on Air Force Reserve Fitness Screening Questionnaire (**Attachment 16 (Added)**). If member has a positive response related to a medical concern or condition that is not in line of duty (LOD), the PHAM will either clear the member for testing or advise the member to seek further evaluation from their health care provider and report results back to the Reserve medical unit. Notify UFPM of any medical exemptions including temporary exemptions pending further reevaluation by health care provider.

1.24.5.6. (Added-AFRC) Evaluates members unable to achieve a score >70 for greater than 12 months for medical cause for inability to improve; refers to health care provider as required.

1.24.5.7. (Added-AFRC) Completes AF Form 422, *Physical Profile Serial Report*, for members unable to perform any component of the fitness test and/or has existing medical conditions that preclude any component of fitness testing or conditioning IAW para 4.1.

1.24.5.8. (Added-AFRC) Reviews medical information on reserve members from their health care providers to determine ability to participate in the fitness assessment. Recommendations of medical exemptions from testing from members' health care providers must be validated by a military provider before an exemption is granted.

1.24.5.9. (Added-AFRC) Provides medical assessment of any injuries sustained during fitness testing and initiates appropriate LOD and profiling actions.

1.25. Individualized Mobilization Augmentees (IMA) and Participating Individual Ready Reservists (PIRR). IMAs and PIRRs participating for pay, and/or points, are subject to the provisions in this AFI. The UFPM, for the unit the IMA is assigned/attached, ensures the fitness assessment is accomplished and appropriate follow-up is completed.

1.26. Individual.

1.26.1. Maintains a healthy lifestyle by participating in unit physical fitness program according to guidelines outlined in **Attachment 2**.

1.26.1. (AFRC) Reservist participation requirements in a unit physical fitness training program will be determined by the unit commander in concert with training schedules and mission requirements.

1.26.2. Meets AF fitness standards.

1.26.2. (AFRC) Reservists will meet the same AF fitness standards as AD members.

1.26.3. Attends all required FP appointments.

1.26.3. (AFRC) Reservists must attend all required FP testing and medical screening appointments. Attendance of intervention programs is voluntary unless the member is in active duty status.

1.26.4. (Added-AFRC) Reservist consults their personal health care provider if they have concerns or conditions that affect safe participation in a personal fitness training program or FP assessment or if they have responses on the fitness screening questionnaire that require medical evaluation or treatment. Member should do this in advance of required testing to preclude cancellation of testing. Member should bring documentation from their health care provider to the RMU for unit members or MTF for IMA/PIRRs if their health care provider recommends any restrictions or modifications to the fitness testing or personal fitness program due to a medical condition.

1.26.5. (Added-AFRC) Reservist notifies RMU (host MTF for IMAs) at the next UTA/IDT of any change in health status affecting participation in the program and provides medical documentation from their health care provider.

1.27. (Added-AFRC) Wing Fitness Coordinator (FC)

1.27.1. (Added-AFRC) The FC is appointed by the wing/group commander.

1.27.2. (Added-AFRC) Oversees administration of the wing fitness assessment program.

1.27.3. (Added-AFRC) Develops local procedures for the 1.5 mile timed run and the 3-mile walk IAW [Attachment 8](#).

1.27.4. (Added-AFRC) Conducts periodic quality checks on physical testing to ensure safety.

1.27.5. (Added-AFRC) Oversees use of fitness software by UFPMs; ensures most recent versions of software are installed/maintained.

1.27.6. (Added-AFRC) Reports quarterly statistics to the wing/group commander.

1.27.7. (Added-AFRC) Attends applicable FP training courses.

1.27.8. (Added-AFRC) Ensures PT leaders are Cardiopulmonary Resuscitation (CPR) certified (not required to be medical personnel) and trained in the use of an automatic defibrillator (AED).

1.27.9. (Added-AFRC) Provides initial and refresher orientation and training on the FP to UFPMs and PT Leaders.

1.27.10. (Added-AFRC) Coordinates with Fitness Program Medical Liaison to report adverse events related to Fitness Program participation to HQ AFRC/SG (see [Attachment 15 \(Added\)](#)).

1.27.11. (Added-AFRC) Assigns fitness assessment database user roles and privileges to wing personnel.

1.28. (Added-AFRC) Reserve Medical Unit (RMU) Commander Responsible for Health Service Support to the Wing/Group

1.28.1. (Added-AFRC) Ensures qualified medical staff provides evaluation for Reservist participation in duty status PT and fitness assessment testing and medical referral to the member's health care provider for those in high risk or poor fit category. AFRC medical providers perform duty dispositions during UTAs and do not provide medical treatment or extensive behavior modification or nutrition and fitness education.

1.28.2. (Added-AFRC) Appoints a Fitness Program Medical Liaison (FPML) as the POC for medical support of the fitness program (FP).

1.28.3. (Added-AFRC) Coordinates with host MTF to establish medical support to the Reserve FP to include space available access to the host HAWC and associated intervention programs.

1.28.4. (Added-AFRC) Provides a local network of health education resources to support the FP as determined feasible and resourced by the wing commander.

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.

2.1. (AFRC) Due to limited training time, the emphasis for Reservists is on personal fitness. Unit PT during the monthly UTA/IDT cannot take the place of a regular personal fitness program. Unit physical training promotes aerobic and muscular fitness, flexibility, and optimal body composition of each member in the unit. The unit PT program is encouraged in Reserve units and is at the discretion of the commander who must determine priorities in relation to training and other mission requirements. For IMAs, the unit commander will determine requirements for participation. AGRs will participate in a unit fitness training program. ARTs can participate in duty time exercise in civilian status per guidelines for civil service employees.

2.2. Duty time must include PT as an integral part of mission requirements.

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

2.2.2. The 1.5-mile timed run, abdominal circumference, 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.

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

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

2.2.5. (Added-AFRC) Reserve unit training duty time (UTA, IDT and AT) can include PT at the discretion of the commander, as an integral part of mission requirements.

2.3. Safety must be an overarching concern throughout PT and testing.

2.3.1. Ensure a safe environment for training by assessing traffic patterns, temperature, availability of water and first aid, and awareness of emergency procedures.

2.3.2. Consider individual safety issues such as medical limitations and level of ability.

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 own fitness and readiness 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](#). The HAWC will be the local point of contact for the fitness score charts.

3.2.1. (AFRC) The Reserve charts include 3-mile walk scores for the Reserve unit sub maximal aerobic test. The FC will be the local point of contact for the fitness score charts.

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 fitness assessment, 30 points for body composition (abdominal circumference), 10 points for push-ups and 10 points for crunches.

3.2.3. The score is determined by the following formula:

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

Component:	Aerobic Fitness	Abdominal Circumference	Push-up	Crunch
Possible Points:	50	30	10	10

3.2.4. Scoring for waivers/exemptions. Members with a medical profile prohibiting them from performing one or more components of the fitness assessment will have a composite score calculated on the tested components. Abdominal circumference will be performed on all members, unless exempted by provider (reference 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 points for abdominal circumference and 8 points for crunch test; the total component points achieved equal 72. Possible points from aerobic fitness, abdominal circumference, and crunch tests equal 90 points. Composite score is: $(72/90) \times 100 = 80$ points.
- 2) Member exempted from aerobic fitness: If member receives 21 points for abdominal circumference, 9 points for push-up and 7 points for crunch test; the total component points achieved equal 37. Possible points from abdominal circumference, push-up and crunch tests equal 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 abdominal; the total component points achieved equal 21. Possible points from abdominal circumference equal 30 points. Composite score is: $(21/30) \times 100 = 70$ points.

3.3. Fitness Levels. Composite scores represent a health-based fitness level. As the fitness level increases, airmen are able to tolerate extremes in temperature, fatigue, and stress while optimizing performance in the AEF 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 fitness testing should be based on the previous fitness score unless earlier assessment is necessary to accommodate the AEF rotation and maximize time available for intervention/fitness improvement.

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

- 3.4.1. (AFRC) For Reservists: Test within the next 12 months and by the 1st day of the 13th month following the previous test.

- 3.4.2. **Marginal.** Test within 180 days.

- 3.4.2. (AFRC) For Reservists: Test within the next 6 months or by the first day of the 7th month following the previous test.

- 3.4.3. **Poor.** Test within 90 days, but not during the first 45 days of being placed on the FIP. This time period facilitates lifestyle change and sufficient conditioning time to increase fitness level while preventing injury. For IMAs/PIRRs members will be reassessed during the next annual tour/inactive duty period.

- 3.4.3. (AFRC) AGR must retest within 90 days. All other Reservists: Test within 6 months, or by the 1st day of the 7th month following the previous test but not within 45 days of the previous test. This time period facilitates lifestyle change and sufficient conditioning time to increase fitness level while preventing injury. Retesting intervals for IMA/PIRR members will be the same but must be timed within annual tour/inactive duty periods. Members can be retested after 45 days if their FIP/SFIP documentation indicates they are ready to pass and a testing opportunity is available. Members will not be penalized for scoring < 70 on an early retest before the end of the retest interval.

3.5. Currency. Currency is established on completion of the following program requirements based on the member's last 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 fitness assessment (i.e., if tested 1-31 January, the member is due the following January and becomes non-current on 1 February).

- 3.5.2. **Marginal Score.** Must retest within 180 days and complete the Healthy Living Workshop (HLW), unless completed in the past year.

3.5.2. (AFRC) Reservist currency: Must retest within 6 months (by the 1st day of the 7th month following the previous test).

3.5.3. **Poor Score.** Must test within 90 days; complete the HLW, targeted education/intervention, and member enrolled into FIP. Members with a high abdominal circumference (males >40" or females >35") are also enrolled into BCIP.

3.5.3. (AFRC) Reservist currency: Must test within the next 6 months (by the 1st day of the 7th month following the previous test). Member can attend the HLW and BCIP where available from the host unit.

3.5.4. General Information for PCSs, TDYs, deployments, mission requirements.

3.5.4.1. Members who PCS will be exempted from fitness testing for 6-week period to allow for acclimatization (i.e., altitude, heat, humidity).

3.5.4.2. Members who are TDY/deployed greater than 30 days, or unforeseen mission demands (e.g., Sept 11th) are exempted from testing until 6 weeks after the return from the TDY, deployment, or exemption approval.

3.5.4.3. If a member is unable to complete any scheduled fitness test or classes due to mission requirements or scheduled leave, the member must receive written approval from the unit commander for an excusal. A copy of the written approval is filed in the member's PIF. The member must be rescheduled and attend the missed appointment within 15 duty days after completion of mission requirement/leave.

3.5.4.3. (AFRC) If a Reservist is unable to complete any scheduled fitness test or classes due to mission requirements or rescheduled/excused UTA, the member must be rescheduled at the next available UTA/IDT assessment date.

Chapter 4

PHYSICAL FITNESS ASSESSMENT

4.1. General. The unit will conduct all body composition, 1.5-mile timed run, pushups and crunch assessments.

4.1. (AFRC) General. The Reserve unit will conduct all body composition, 1.5 mile timed run, 3-mile walk, pushups and crunch assessments. AD unit of attachment will conduct all testing for IMA/PIRRs. Some associate units and GSUs may have cycle ergometry or one-mile walk test performed by the host HAWC.

4.2. Medical Screening and Intervention.

4.2.1. The annual Preventive Health Assessment (PHA) will serve as the medical screening process to determine those personnel at risk for cardiovascular disease. However, during the first year of this instruction implementation some members may not have undergone their annual PHA. All members must complete the Fitness Screening Questionnaire prior to fitness testing.

4.2.1. (AFRC) The annual Reserve Component Periodic Health Assessment (RCPHA) will serve as the primary medical screening process for unit Reservists to determine those personnel at risk. IMA/PIRR will use PHA

4.2.1.1. All members must complete the Fitness Screening Questionnaire (**Attachment 4**) within 30 calendar days, but NLT 7 days prior to fitness assessment to allow medical evaluation, when indicated.

4.2.1.1. (AFRC) All Reservists must complete or revalidate the Air Force Reserve Fitness Screening Questionnaire (**Attachment 16 (Added)**) within 1 month (previous UTA/IDT) of the fitness assessment. The requirement for NLT 7 days prior is deleted to accommodate UTA/IDT schedule

4.2.1.2. Members with a positive Fitness Screening Questionnaire must be cleared by a medical provider prior to their fitness assessment. The provider completes the Medical Clearance Letter (**Attachment 5**) and an AF Form 422, if applicable.

4.2.1.2. (AFRC) Reservists with a Fitness Screening Questionnaire that requires them to notify their UFPM or RMU/MTF must be cleared by an AF medical provider prior to their fitness assessment. Refer members with any "yes" answer on the Fitness Screening Questionnaire (except yes to question 3) to the RMU for unit Reservists or to the host MTF for IMA/PIRRs. AGRs will be referred to the MTF at collocated units and referred to the RMU at non-collocated units.

4.2.1.3. The UFPM files the Fitness Screening Questionnaire in the member's personnel information file (PIF). For members who answer "yes" on the Fitness Screening Questionnaire, the Medical Clearance Letter and AF Form 422, if applicable, are retained in the member's PIF for one year.

4.2.2. Providers may authorize temporary medical exemptions for medical conditions that prevent a member from safely participating in specific physical conditioning programs, participating in a component of the fitness assessment, or who require temporary exemption from testing. Assessment for

participation in fitness activities should be made at each visit to prevent the member from having to return for clearance or exemption at a later date.

4.2.2. (AFRC) RMU and MTF providers will evaluate the member for participation in duty time PT and testing. The military provider will make a duty disposition and document any restrictions or exemptions on an AF Form 422. Assessment for participation in fitness activities should be made during the RCPHA/PHA to prevent the member from having to return for clearance or exemption at a later date. If a member develops a medical condition or concern after the RCPHA/PHA but before scheduled testing, he/she should identify that to the RMU (unit Reservists) or MTF (for AGR/IMA/PIRRs) and seek evaluation from the RMU/MTF provider if a testing exemption or modification is anticipated. Member should provide documentation from their healthcare provider if there is a limiting condition.

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. See paragraph [4.2.6](#).

4.2.3.1. (AFRC) If a Reservist is medically exempted from the 1.5 mile run, the military provider will determine if clearance is appropriate for the sub maximal aerobic fitness assessment. For unit reservists the standard sub maximal test is the 3 mile walk. For IMAs, the sub maximal aerobic fitness test is cycle ergometry or the one-mile walk test. Some unit Reservists (primarily GSUs and Associate Units) may have access to cycle ergometry through the host HAWCs and can use the cycle ergometry test or 1-mile walk as the sub maximal test. If sub maximal aerobic testing is not medically indicated, the provider can exempt the member from the aerobic component.

4.2.3.2. Push-up test. Acute upper extremity injury, derangement of the shoulder or other limiting condition may be cause for temporary exemption from the push-up component of the test.

4.2.3.3. Crunch test. Acute injury to the back, abdomen or other limiting condition may be cause for temporary exemption from the crunch-testing component of annual fitness test.

4.2.4. Providers may not recommend exemption from abdominal circumference testing except after abdominal surgery or during or 180 days after pregnancy.

4.2.5. Providers will not recommend total exemption from a regular fitness/exercise program; rather, the provider should recommend specific conditioning appropriate for the medical condition (per para [4.2.2.-4.2.4](#)). The provider will refer the member to the FPM for fitness consultation.

4.2.5. (AFRC) Reserve units do not have an FPM for referrals. RMU providers will advise Reservists to consult their health care provider for medical evaluation if indicated to recommend specific physical training appropriate for medical condition. The RMU may refer the Reservists to Host FPM if available. RMUs will provide evaluation for participation in duty time PT and testing and for conditions found in line of duty or service aggravated. MTFs can provide space available evaluation as required for Reservists. IMA/PIRRs may be referred by the MTF to their health care provider. To obtain an exemption based on evaluation and recommendation of health care provider, the member must provide the RMU with medical documentation from their health care provider to include diagnosis, treatment, prognosis, and physical limitations/restrictions.

4.2.6. Providers will annotate member's physical fitness training restrictions and capabilities to include the expiration date on the AF Form 422, Physical Profile Serial Report.

4.2.6.1. Medical exemptions will last no longer than one year, with the exception of pregnancy exemptions.

4.2.6.2. 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 for an exercise assessment, prescription and counseling.

4.2.6.2. (AFRC) AGR members with a medical exemption for testing or for whom fitness training must be modified for greater than 30 days, including pregnancy will be referred to the host FPM for an exercise assessment, prescription, and counseling. Other reservists can be referred on a space available basis.

4.2.7. 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. (AFRC) For Reservists, the MEB process is replaced by fitness for duty (FFD) determination for unit reservists or the equivalent ARPC process for IMA/PIRR. Line of duty medical conditions for Reservists are processed as MEBs.

4.2.7.1. Exemption from one or more components of the fitness test 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/training program for greater than one year due to medical conditions should be presumed to be non-deployable, non-assignable and MEB processing will be initiated NLT one year after the first profile for the affecting condition IAW AFI 48-123, Medical Examination and Standards.

4.2.7.3. (Added-AFRC) For Reserve members returned to duty, by MEB/FFD/physical evaluation board (PEB), a permanent exemption will be granted as appropriate and will be annotated in the remarks section of the **AF Form 422**.

4.2.8. Members will not be required to fitness test for at least six weeks following the end of the temporary exemption period if exempted from all forms of exercise for >30 days. This period should be annotated on the AF Form 422 in the "comments" section.

4.2.8.1. IMAs/PIRRs will complete their fitness test after expiration of the medical exemption during the first scheduled annual training (AT), active duty training (ADT), or inactive duty training (IDT).

4.2.8.1. (AFRC) This is conditional on completion of the 6 week reconditioning period.

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). Exercise regimens will consist of routines that include PT and nutrition counseling.

4.2.9.1. Members will be exempted from fitness testing during pregnancy and for 180 days after the delivery date. This exemption is only for the fitness test and does not exclude the member from participating in a fitness program. Members should discuss their fitness program with their provider and may consult with the FPM.

4.2.9.1. (AFRC) Pregnant Reservists should discuss their fitness program with their personal physician.

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

4.2.9.2. (AFRC) Fitness test exemption for Reservists with pregnancy ending earlier than full term will be determined with input from the member's health care provider.

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

4.2.11. (Added-AFRC) Members injured during fitness assessments should undergo immediate evaluation and referral for care as required. The unit will initiate an LOD determination IAW AFI 36-2910.

4.3. Assessment Procedures.

4.3.1. Components of the fitness assessment (body composition, aerobic and muscular fitness assessments) should be completed on the same duty day, if possible; however, all components must be completed within 5 duty days. If completed on the same duty day:

4.3.1. (AFRC) For Reservists, components of the fitness assessment (body composition, aerobic and muscular fitness assessments) should be completed on the same UTA/IDT and must be completed within 5 consecutive calendar days. If not completed on the same duty day, the components can be completed in any order as determined by the UFPM. The member must be in a duty status during the assessment.

4.3.1.1. The body composition assessment, to include height, weight, and abdominal circumference, is performed by unit members appointed and trained IAW paragraph 1.12.5. and 1.12.6.

4.3.1.2. The muscular fitness assessment (pushups then crunches) will be accomplished prior to the 1.5 mile run, or after the cycle ergometry test.

4.3.1.3. There must be at least a 3-minute rest period between components.

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 measures are not part of the member's composite score.

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

4.3.2.2. Abdominal Circumference Assessment.

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

4.3.2.2.2. Abdominal measurement technique is outlined in [Attachment 7](#).

4.3.3. Aerobic 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 medically exempted from the run will complete the cycle ergometry test according to procedures in [Attachment 9](#).

4.3.3.2. (AFRC) Reserve unit members medically exempted from the run will complete the sub maximal aerobic test (three-mile walk according to procedures in [Attachment 17 \(Added\)](#), except in cases where the unit has access to cycle ergometry from a host HAWC or 1-mile walk). IMAs and PIRR exempted from the run will complete cycle ergometry according to procedures in [Attachment 9](#). or the one-mile walk according to [Attachment 10](#).

4.3.3.3. Members receiving an inconclusive cycle ergometry assessment.

4.3.3.3.1. 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 within 5 duty days will result in administrative action. For IMAs/PIRRs, see paragraph [6.5](#).

4.3.3.3.1. (AFRC) IMA/PIRR and other Reservists who receive an invalid cycle ergometry result must be reassessed by cycle ergometry within 30 calendar days. Members who fail to return for a reassessment within 30 calendar days may receive administrative action. See paragraph [6.5](#). Reservists may not take the cycle ergometry test twice on the same day unless approved by the FPM since this could decrease the member's score.

4.3.3.3.2. Members who receive a second consecutive inconclusive test will have their assessments reviewed by the FPM.

4.3.3.3.3. The FPM will make a determination on the member's aerobic fitness score or whether the member needs to be tested by the FPM.

4.3.3.4. (Added-AFRC) Reservists who test at locations at an altitude >4000 feet above that of which they live and perform their personal physical training may perform the sub maximal aerobic test in lieu of the 1.5 mile run. UFPM will allow the exemption at the member's request upon verification of residence. This exemption is both a performance factor and a safety factor. This exemption is for traditional reservists and IMAs only that are not afforded the 6 week time to acclimate to the test site. Reservists in this category who opt to perform the run prior to a 6-week acclimatization period and score <70 can be retested not later than the following month using the sub maximal aerobic test. The result of the sub maximal test will be used to recalculate their fitness 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](#).

4.3.4.3. (Added-AFRC) Reserve unit testing: under the supervision of the PT Leaders, individuals will form groups of two for push-ups and crunches assessments. One member will perform the exercise while the other assists and counts. Members will then switch roles.

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.

5.1.1. (AFRC) Web based information is available for commanders at the USAF Surgeon General Knowledge Exchange web site. Reserve units should access host wing community based education and awareness program where available. Where not feasible, a web-based education and awareness program addressing nutrition and fitness will be available to all members.

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. Programs for education and intervention will be available to the Reserves and ANG.

5.1.3. (AFRC) AGR will rely on active duty host programs. Reservists including IMA/PIRR can attend host HAWC intervention and education programs on a space available basis. The AF will continue to develop virtual HAWC capabilities in partnership with the ARC.

5.2. Intervention. Intervention will be provided for each member at a marginal or poor fitness level:

5.2.1. **Marginal.** Member must attend the Healthy Living Workshop (para 5.3.1.). Members who have attended the HLW within the previous year are encouraged, but not required, to repeat the workshop.

5.2.1. (AFRC) AGR and activated Reservists must attend the HLW. Other Reservists may be referred to the Healthy Living Workshop on a space available basis.

5.2.2. **Poor.** Member must attend the Healthy Living Workshop and enroll in the Fitness Improvement Program (para 5.3.2.). Members scoring <70 and with an abdominal circumference >40 for males or >35 for females are enrolled in the BCIP until the member scores ≥ 70 points.

5.2.2. (AFRC) AGR and activated reservists must attend HLW, FIP and BCIP as required. Unit Reservists/IMA/PIRR members are responsible for a personal fitness training program. They will be enrolled in a self-paced fitness improvement program (SFIP), encouraged to participate in a personal fitness training program, and advised of their retesting date. There is no requirement for reserve members to attend the HLW, but may do so where available.

5.2.2.1. (Added-AFRC) The commander enters the member into the SFIP by letter (**Attachment 18 (Added)**) during the same UTA/IDT in which the member completed the fitness assessment. The member will endorse the memo, keep the original and return a copy to the commander.

5.2.3. (Added-AFRC) AGR Reservists in poor fit categories will follow all education and intervention and requirements. HAWC classes (HLW/BCIP/exercise prescription) can be attended at local host HAWC or by virtual classes conducted by VTC/teleconference.

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 to improve overall fitness:

5.3. (AFRC) Programs Provided by the HAWC. AFRC commanders should coordinate with host MTF to make HAWC intervention programs periodically available to Reserve units during UTA weekends.

5.3.1. Healthy Living Workshop (HLW).

5.3.1.1. Required for all members receiving composite fitness score <75; members must attend within 10 duty days of fitness score notification.

5.3.1.1. (AFRC) AFRC members may attend HLW provided by host wing in a duty or non duty status where available. HLW is required for all AGR and activated Reservists with a fitness score <75, and is encouraged for all other Reservists.

5.3.1.2. Consists of 3 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.

5.3.1.2.2. Nutrition component focuses on nutrition education.

5.3.1.2.3. Fitness component focuses on general fitness and exercise education.

5.3.2. Fitness Improvement Program (FIP).

5.3.2.1. Required for all members receiving composite fitness score <70; must attend within 10 duty days of completing the HLW.

5.3.2.1. (AFRC) The Fitness Improvement Program is required for AGR and activated reservists with a fitness score <70. Other reservists may participate in the Self-paced Fitness Improvement Program (SFIP).

5.3.2.2. Upon entry into the FIP the FPM will provide an individualized exercise prescription to the member prior to beginning the monitored FIP. This intervention may be provided in a group setting.

5.3.2.2. (AFRC) Reservists in the SFIP may receive an individual exercise prescription from the FPM at a host HAWC on a voluntary space available basis. This intervention may be in a group setting or by teleconference/VTC.

5.3.2.3. Member will schedule a monthly follow-up session with the FPM until the member achieves a score >70. Monthly follow-ups can be group or individual.

5.3.2.3. (AFRC) Monthly follow-up with FPM applies only to AGR and activated Reservists in the FIP

5.3.2.4. Members enrolled into the FIP will exercise according to instructions provided by the FPM.

5.3.2.5. While on the FIP, the member will exercise four to five (4-5) days per week. This may be accomplished during the installation FIP training and/or the member's unit PT program.

5.3.2.6. FIP participants are required to monitor heart rate/intensity during PT.

5.3.2.7. Members must document their exercise participation on an AF Form 1975 or an electronic tracking system. This documentation is used by the FPM to modify exercise regimen as well as by the commander to ensure compliance with the exercise prescription.

5.3.2.7.1. All FIP participants must have their AF Form 1975 signed/validated by the FIP class instructor or unit fitness leader at the end of each exercise session.

5.3.2.7.2. The AF Form 1975, or electronic record, will be reviewed by the UFPM monthly to ensure participation/compliance with the prescribed fitness program.

5.3.2.8. Fitness centers will offer structured programs for members in FIP at no cost.

5.3.2.9. (Added-AFRC) Reserve members in the SFIP document participation in the SFIP using **AF Form 1975**. The **AF Form 1975** should be reviewed by the UFPM and member's supervisor on a monthly basis (normally during UTA/IDT). The SFIP is a tool for the commander to assess the level of effort and progress of the member toward meeting AF fitness standards, and can be taken into consideration in determining administrative actions if score remains <70 for >6 months. Guidance for adequate participation in the SFIP is in **Attachment 2**. This activity needs to be targeted toward achieving at least a 70 fitness score within 6 months.

5.3.3. **Body Composition Improvement Program (BCIP).**

5.3.3.1. Individuals who score <70 and have an abdominal circumference >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 HLW.

5.3.3.1. (AFRC) Body Composition Improvement Program (BCIP). BCIP is mandatory for AGR and activated Reservists meeting criteria. Other reservists meeting these BCIP criteria are encouraged to attend BCIP sessions at a host HAWC on a space available basis.

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

5.3.3.2.1. Development of an individualized plan to modify lifestyle

5.3.3.2.2. Nutrition education and counseling

5.3.3.2.3. Behavior modification

5.3.3.2.4. Self-monitoring techniques

5.3.3.2.5. Weight loss maintenance

5.3.3.2.6. Monthly follow-up until the member achieves a composite score ≥ 70

5.3.3.3. The MAJCOM Consultant Dietitian must approve the BCIP and any modifications to the program.

5.3.3.4. A registered dietitian, nutritional medicine technician, or other medical staff member authorized to provide nutrition counseling IAW AFI 44-135, *Clinical Dietetics*, conducts the BCIP.

5.4. **Fitness Review Panel**

5.4.1. Commanders should conduct a Fitness Review Panel meeting for members with scores <70 for at least 180 days. The panel should consist of the unit commander, unit first sergeant, member's supervisor, fitness program manager, dietitian/diet therapist and/or medical provider.

5.4.1. (AFRC) AFRC Commanders should conduct a Fitness Review Panel meeting twice a year to review members with scores <70 for greater than 12 months. The FRP will consist of the unit commander, unit first sergeant, member's supervisor, and/or military medical provider. FRP for IMA/PIRR will consist of the unit commander, unit first sergeant, member's supervisor, fitness program manager, dietician/diet therapist and military medical provider.

5.4.2. The multidisciplinary panel will:

5.4.2.1. Evaluate the member's fitness program, test results, and barriers for improvement

5.4.2.2. Recommend additional intervention to assist the member in a successful program outcome or possible administrative action.

5.4.2.3. (Added-AFRC) FRPs for Reserve members will make recommendations regarding discharge or transfer to inactive reserve for members failing to show progress.

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. Procedures are delineated in DoDI 1308.3. AF entry standards are maximum screening weights for 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 \geq 30, 28% for females <30, and 32% for females \geq 30.

6.2. Students. Commanders, Superintendents, or Commandants of units such as the United States Air Force Academy, Basic Military Training School, Advanced Technical Training Centers, Undergraduate Pilot and Navigator Training Centers, Officer Training School and Reserve Officers Training Corps, Graduate Medical Education and AFIT education programs will align fitness testing standards with this instruction. A fitness assessment composite score of 75 or greater is required for AF, AFRC and ANG members to graduate from Technical Training or to obtain a commission through USAFA, ROTC, Basic Officer Training or Academy of Military Science. Students assigned to civilian institutions (e.g., AFIT) will participate in fitness assessments conducted by local ROTC detachment, where available, base of servicing MTF or other arrangements as determined by the assigned commander. Results of fitness assessments will be entered into the AF fitness program database for purposes of tracking, generating reassessment dates, metrics and reports.

6.2. (AFRC) Students. Health Professions Scholarship Program and Financial Assistance Program will align fitness testing standards with this instruction

6.3. Geographically Separated Units (GSUs).

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

6.3.1.1. Members not medically cleared to run will complete the cycle ergometry assessment where available or the one-mile walk test. Instructions for the one-mile walk test are in [Attachment 10](#).

6.3.1.1. (AFRC) Reserve members not medically cleared to run will complete the 3-Mile Walk assessment, cycle ergometry(if available), or 1-mile walk(if available). Instructions for the 3-mile walk and one-mile walk are in [Attachment 17 \(Added\)](#) and [Attachment 10](#).

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

6.3.1.2. (AFRC) The FC at the supporting AFRC unit will provide assessment support to the GSU commander.

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

6.3.1.4. (Added-AFRC) The AFRC Recruiting Service will manage the Fitness Program for all AFRC Recruiters.

6.3.2. (Added-AFRC) Reserve Direct Reporting Units (DRUs) will be managed the same as GSUs.

6.4. Air Reserve Component (ARC).

6.4.1. Unit PT programs will be outlined in supplements to this instruction.

6.4.1. (AFRC) Unit PT programs for traditional Reservists during UTA and annual tour are at the discretion of the unit commander (see [Chapter 2](#))

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

6.4.2.1. Process for completing medical clearance/waivers will be described in ARC instructions/supplements.

6.4.2.2. Members not medically cleared to run will complete an alternate submaximal aerobic fitness test approved by the AF/SG and outlined in ARC supplements to this instruction.

6.4.3. (Added-AFRC) AGR personnel will participate in duty time PT. AGR personnel assigned to AFRC units will have the same requirements as active duty personnel with the exception that they will use the 3-mile walk as the sub maximal test in lieu of cycle ergometry.

6.4.4. (Added-AFRC) AGRs in the poor fit category will be referred to the host unit HAWCs for intervention programs (BCIP, HLW and FIP).

6.4.5. (Added-AFRC) AGRs at non-located units may be sent TDY as required to accomplish BCIP, HLW and entry into the FIP.

6.4.6. (Added-AFRC) Weekly participation in the FIP for non-located AGRs will be accomplished locally and documented on **AF Form 1975** and validated by UFPM, Unit PT leader or other person designated by the commander for each session.

6.4.7. (Added-AFRC) Unit Reservists in the poor fit category who are mobilized or placed on extended man-day tours gained by active component(AC) units with a functioning FIP will be referred by the AFRC unit commander to the HLW and FIP through the gaining commander using the referral memo in [Attachment 14](#). Members will not be placed on orders for the sole purpose of participation in the HLW/FIP. All other activated fit category members will participate in unit PT per the requirements of the gaining unit.

6.4.8. (Added-AFRC) For unit Reservists not medically cleared to run, the three mile walk will serve as an alternate sub maximal aerobic fitness test.

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

6.5.1. Assessed at least annually (as based on their fitness levels) by the unit of assignment or attachment during the member's annual tour, if possible, or during an inactive duty-training period. IMAs/PIRRs will contact the UFPM to schedule the annual assessment.

6.5.2. The unit of assignment has overall responsibility for managing the fitness program, however units of attachment may perform fitness testing, forwarding a copy of the result to the unit of assignment.

6.5.2. (AFRC) For centrally managed IMAs the unit of attachment has overall responsibility for managing the fitness program, forwarding a copy of the result to the unit of assignment.

6.5.3. Members who fail to meet standards will follow procedures outlined in ARC instruction/supplement for fitness improvement and reassessment.

6.5.4. The active duty units of assignment or attachment monitor members enrolled into FIP.

6.5.4. (AFRC) IMA/PIRR Reservists in the poor fit category who are mobilized or placed on extended man-day tours gained by AC units with a functioning FIP will be referred to the HLW, BCIP and FIP through the gaining commander. Members will not be placed on orders for the sole purpose of participation in the HLW/BCIP/FIP. All other activated fit category members will participate in unit PT per the requirements of the gaining unit.

6.5.5. Non-pay inactive duty training (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.

6.5.6. IMAs/PIRRs who remain poor fit after a second 90-day period are referred to the commander of the unit of assignment or attachment for appropriate action.

6.5.6. (AFRC) IMA/PIRRs who remain poor fit after a second 6 month period are referred to the commander of the unit of assignment or attachment for appropriate action. This interval is changed to match Reserve unit program.

6.5.6.1. Commander of the unit of assignment or attachment may request reassignment of the member to the Obligated Reserve Section (ORS) or the Non-obligated, Non-participating Ready Personnel Section (NNRPS) if the member remains in a poor fit category after 12 months or has four poor fitness composite scores in a two-year period.

6.5.7. (Added-AFRC) IMAs in the poor fit category will have up to 6 months to retest.

6.5.8. (Added-AFRC) IMAs/PIRRs will participate in PT per the guidance of their attached unit.

6.6. Installations with Extreme Weather Conditions . Commanders 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..

6.6. (AFRC) Installations with Extreme Weather Conditions. Commanders of Reserve wings with extreme weather conditions may request a waiver from AFRC/CV to postpone 1.5 mile run and 3 mile walk testing for extreme weather conditions (reference [A8.3](#)). The waiver must specify periods unable to

complete the run test safely and must be renewed yearly. Waivers for IMA/PIRR members to perform cycle ergometry in lieu of the 1.5 mile run will be requested by attached/assigned commanders.

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.
- 7.1.2. Members will access the application using permissions 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.
- 7.1.4. (AFRC) The fitness program software application is available to AFRC. HQ AFRC/SCOS and HQ AFRC/SGSI will provide interface with the AF system administrator.

7.2. Fitness Program Reporting.

- 7.2.1. The UFPM, or designated alternate, enters fitness assessment 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 commanders with the unit status report at least monthly.

Chapter 8

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 commanders should not use administrative action (LOA, LOC, LOR) for members with a poor fitness score for the first 180 days after the member received a composite score <70 solely based on the fitness assessment.

8.2.1.1. Unit commanders 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.

8.2.1.1. (AFRC) Documentation of FIP does not apply to traditional Reservists, ARTs and IMA/PIRR. Documentation of SFIP is encouraged for use by commander and FRP.

8.2.2. The unit commander will take administrative action for members that have a composite score <70 for greater than 180 days and each subsequent composite fitness score <70 if member shows no sign of improvement. See [Attachment 13](#) for available options. The commander may utilize the fitness review panel (para [5.4.](#)) to make a determination on administrative actions and develop a plan/timeline for action.

8.2.2. (AFRC) Commanders of traditional reservists, ARTs, and IMA/PIRR will take administrative action for members that have a composite score <70 for greater than 12 months (second retest) and each subsequent composite score <70 if member shows no sign of improvement. Commanders may take administrative action at their discretion in accordance with [Attachment 19 \(Added\)](#) for these reservists who have a composite score <70 for greater than 6 months (first retest).

8.2.3. Failing to make satisfactory progress in the FIP does not in itself constitute a violation of the Uniform Code of Military Justice (UCMJ). Unit commanders may not impose non-judicial punishment on members solely for failing to achieve a score ≥ 70 points.

8.2.3. (AFRC) Failing to make satisfactory progress in the SFIP does not in itself constitute a violation of the Uniform Code of Military Justice (UCMJ).

8.2.4. Commanders 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 six months.

8.2.5. Commanders will review and determine personnel actions (eligibility for reenlistment, retraining, formal training, PME and promotion) for those individuals who are identified as poor fit for greater than 6 months and each subsequent test thereafter.

8.2.5. (AFRC) For Reservists (except AGR), Commanders will review and determine eligibility for reassignment, reenlistment, retraining, formal training, PME, and promotion for all members who remain in the poor fit category for greater than 12 months.

8.2.6. The unit commander will consider administrative separation if a member remains poor fit for 12 months or has 4 poor fit fitness scores in a 24-month period. (see AFI 36-3206, Administrative Discharge Procedures for Commissioned Officers, and AFI 36-3208, Administrative Separation of Airmen).

8.2.6. (AFRC) For Reservists, the unit commander will consider administrative separation if a member remains poor fit for greater than 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*).

8.2.6.1. The unit commander will make a discharge or retention recommendation to the Installation Commander IAW **Attachment 13**, note 5.

8.2.6.2. For individual reservists: The unit of assignment/attachment commander may initiate reassignment action after the second unsatisfactory observation period. The member may be reassigned to the inactive reserve, either Non-Affiliated Reserve Section (NARS)-NB if obligated, or NARS-NA if non-obligated. If the member does not report for the mandatory 90-day body composition check, reassignment action will be initiated. Members will be reassigned according to AFI 36-2115, Assignments Within the Reserve Components. All administrative actions must be coordinated with the MAJCOM, unit of attachment, and unit of assignment.

8.3. Education and Training Programs.

8.3.1. Members in all fitness categories may participate in PME and attend technical training, undergraduate and graduate education and training programs and other advanced or specialized training programs.

8.3.1.1. Members enrolled in the Fitness Improvement Program must continue with FIP and scheduled fitness assessments while in training status.

8.3.1.1. (AFRC) Reservists enrolled in the Self paced Fitness Improvement Program must participate in the FIP and any scheduled fitness assessments while in training status. This applies to Reservists on active duty for school tours.

8.3.1.2. Commanders sending members to training that exceed six weeks must send the commander or commander-equivalent a memorandum to inform of 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 commander responsibilities.

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

8.3.3. Members that are basic military trainees are governed by 737 TRG Instruction 36-3, *Basic Military Training*.

8.3.4. AETCI 36-2216, Administration of Military Standards and Discipline Training govern 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.

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

8.4.1. The unit commander 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 Enlisted PME and NCOs assigned duty as Detachment Chief or Academy Commandant have signature authority for the AF Form 108.

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

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

8.4.4. Fitness panel recommendations are annotated on the AF Form 108 and are signed by the commander.

8.4.5. The respective program facilitator signs the AF Form 108 upon completion of the HLW, 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 commander for appropriate action.

8.4.7. The UFPM creates an Fitness Program (FP) case file when a member scores <75 and maintains an active file for 24 months.

8.4.7.1. Maintains and files the AF Form 108, records of administrative action, and any other 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 37-139, *Records Disposition*.

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**.

GEORGE PEACH TAYLOR, JR., Lt General, USAF, MC, CFS
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 36-2626, Airman Retraining Program
AFI 36-3206, Administrative Discharge Procedures for Commissioned Officers
AFI 36-3208, Administrative Separation of Airmen
AFI 40-502, The Weight and Body Fat Management Program
AFI 48-123, Medical Examination and Standards
AFMAN 34-137, Air Force Fitness and Sports Operations
AFMAN 36-2108, Enlisted Classification
AFMAN 37-123, Management of Records
AFMAN 37-139, Records Disposition Schedule
AFMAN 44-132, Dietary Information for Weight Loss
AFMAN 44-144, Nutritional Medicine Service
AFVA 40-503, United States Air Force Maximum Allowable Weight (MAW) Table

Abbreviations and Acronyms

3A0—Information Technology Technician
ACSM—American College of Sports Medicine
AFPD—Air Force Policy Directive
BCIP—Body Composition Improvement Program
BMI—Body Mass Index

FAB—Field Assistance Branch, Gunter

FAM—Fitness Assessment Monitor

FP—Fitness Program

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

FIP—Fitness Improvement Program

FPM—Fitness Program Manager

HAWC—Health and Wellness Center

HLW—Healthy Living Workshop

HPD—MAJCOM Health Promotion Director

IMA—Individual Mobilization Augmentee

MEB—Medical Evaluation Board

MiLPDS—Military Personnel Data System

PIRR—Participating Individual Ready Reservist

PTL—Physical Training Leader

UFPM—Unit Fitness Program Manager

USAFSAM—United States Air Force School of Aerospace Medicine

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

Terms

Air Force 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 —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 Assessments —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. Push-ups and crunches are used to assess muscular fitness. Personnel must complete a personal information and health-screening questionnaire prior to the assessment. Fitness assessments 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 conducts cycle ergometry fitness assessments. The FAM is trained and certified by the FPM to conduct the cardiovascular and muscular fitness components of the FP assessment. 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 remedial intervention program required for all members identified with a composite poor fit score. Consists of an individualized fitness prescription, heart rate-monitored exercise, supervised unit/fitness center PT, and documented exercise participation.

Fitness Program Manager (FPM) —A fitness expert responsible for all areas of the installation AF Fitness Program. The FPM is a resource to commanders, providers, fitness centers and individuals for briefings, consultation, and training. The FPM must meet minimum requirements described in the generic 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.

Healthy Living Workshop (HLW) —Intervention program required for all members identified at marginal to poor fit score. Consists of behavior modification, fitness and nutrition education.

Performance Enhancement Division (FEP) —Division within the USAF School of Aerospace Medicine (USAFSAM/FEP) that provides scientific and technical oversight for the FP.

Physical Training (PT) Leader —A unit member trained to lead unit PT program and oversees and administers unit fitness assessments (1.5 mile timed run, 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.

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 1 (AFRC)**GLOSSARY OF REFERENCES AND SUPPORTING INFORMATION*****References***

AFI 36-2504, *Officer Promotion, 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 36-3209, *Separation and Retirement Procedures for Air National Guard and Air Force Reserve Procedures*

AFMAN 36-8001, *Reserve Personnel Participation and Training*

Abbreviations and Acronyms

AD—Active duty

AGR—Active Guard/Reserve

ART—Air Reserve Technician

AT—Annual tour

FC—Fitness Coordinator

FFD—Fitness for Duty

FPML—Fitness Program Medical Liaison

FRP—Fitness Review Panel

IDT—Individual duty for training

IMA—Individual Mobilization Augmentee

MTF—Medical Treatment Facility

RMU—Reserve Medical Unit

SFIP—Self-Paced Fitness Improvement Program

UTA—Unit training assembly

Terms

Fitness Assessments—All Reservists use the 1.5 mile run for aerobic assessment. The sub maximal aerobic test for IMAs/PIRRs is cycle ergometry or one-mile walk test at the direction of the attached unit. The sub maximal aerobic test for unit Reservists is the 3-mile walk

Fitness Assessment Monitor (FAM)—FAMs are N/A for AFRC units since AFRC does not conduct cycle ergometry.

Fitness Improvement Program (FIP)—FIP is applicable to AGR and activated Reservists

Geographically Separated Units (GSUs)—Reserve units may be geographically separated from their parent wing, but may reside as tenants on active duty bases.

Health Care Provider—For purposes of this instruction this is defined as the Reservist's personal medical provider. This could be either a primary care manager or a specialist. In most cases this will be a civilian practitioner, but in cases where the member is a military dependent or is in active duty status this could be a military provider.

Self-paced Fitness Improvement Program (SFIP)—A remedial intervention program recommended for traditional Reservists, ARTs, IMA and PIRR members identified with a composite poor fit score. Since they are in a non-duty status, their participation in the FIP is not mandated. Members are highly encouraged to take part on a voluntary basis in all available intervention programs to include an individualized fitness prescription, heart rate-monitored exercise, supervised unit/fitness center physical training, and documented exercise participation to assist in administrative recommendation for those remaining poor fit >12 months (3 consecutive scores less than 70). AGR and activated Reservists in the poor fit category will participate in the FIP and BCIP.

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 (see para [4.3.3.4. \(Added\)](#)). Approved sub maximal aerobic assessments are cycle ergometry, three-mile walk, and one-mile walk.

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 cardiorespiratory 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 three days per week to maintain current fitness level and four to five 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: Activities should be rhythmic, performed at a moderate speed, involve a full range of motion, not interfere with normal breathing, and 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. Weight should be increased as training adaptations occur.

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

A2.2.4. Frequency of exercise: 2 to 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 fitness assessment, 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 abdominal circumference 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 abdominal circumference > 40 inches and for women who have an abdominal circumference > 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 their 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 fitness assessment scores to improve fitness. Members who are just starting a fitness program should contact their Fitness Center or Health and Wellness Center for assistance in developing an exercise routine.

NOTE: (AFRC) Reserve members can consult HAWCs and AFRC fitness center trainers where available. Members are highly encouraged to seek professional advice from personal fitness trainers, Fitness Center, or Health and Wellness Center 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 Fitness Program Manager (FPM) at the Health and Wellness Center to assist with development of ability-based training programs.

A3.1.2. Commanders opting to implement maximal exertion activities (e.g. practice timed assessments) should require personnel to complete a Fitness Screening Questionnaire ([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 PCSd 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, cones/signs on course

A3.2.6. Unit Physical Fitness Programs must follow guidelines as specified in para 2.0

A3.2.6.1. Individual abilities must be considered in all activities 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 (PT) Programs

A3.3.1. Ability runs. Prior to the unit exercise session, the unit is divided into groups based upon the individual member's running pace.

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, the distance/course to be covered and/or the time in which to run will be determined and the course will be marked 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 level increase, they are placed in groups of faster running pace.

A3.3.2. Last Person Running Formation

- A3.3.2.1. Utilize a flat, smooth course or possibly a track.
- A3.3.2.2. Members are 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. Pre-determined course/time/distance is set 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. Course/distance must be determined 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. Individual abilities must be considered 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 may 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 be conducted at the fitness facility or outdoor location.

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 (ex. Treadmill, rower, stair-climber, cross trainers, bicycles, swimming and spinning classes).

NOTE: (AFRC) Unit fitness training programs in AFRC are at the discretion of the unit commander based on mission needs and duty time available for fitness training.

Attachment 4

FITNESS SCREENING QUESTIONNAIRE

1. Do you have a health condition **not** addressed in a physical profile (AF Form 422) that could be aggravated by participating in your unit's physical training program/fitness testing or that would preclude your safe participation?
 - Yes Stop here; notify your Unit Fitness Program Manager (UFPM) and contact your Primary Care Manager for evaluation.
 - 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 for evaluation.
 - No Proceed to next question.
3. Are you less than 35 years of age?
 - Yes Stop here; sign form and return to your Unit Fitness Program Manager.
 - No Proceed to next question.
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 = 45 years for males; = 55 years for females
 - Yes Stop here; notify your UFPM and contact your Primary Care Manager 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.

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 10-2XX, *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 (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.

ARC: member *is/is not* medically cleared for the 3-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 fitness assessments or unit PT will have AF 422, Physical Profile Serial Report, attached.

Member should be scheduled for a medical reevaluation in approximately _____ weeks/months.

Member was/was not referred to the FPM for an individual exercise prescription.

(Signature/Rank/Phone Number of Provider)

NOTE: (AFRC) AGR assigned to AD units, IMA/PIRR and GSUs supported by MTFs use the previous memo. Unit Reservists use the following memo:

(Appropriate Letterhead)

MEMORANDUM FOR MILITARY MEDICAL PROVIDER

(date)

FROM: (Unit Commander, UFPM)

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,
member *is/is not* medically cleared for the 3 mile walk assessment.
member *is/is not* medically cleared for cycle ergometry assessment.

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 exercise.

NOTE: Members who are not cleared for fitness assessments or exercise will have AF 422, Physical Profile Serial Report, attached.

Member should be scheduled for a medical reevaluation on (date) _____.

(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). Your muscular fitness will be assessed through push-ups and crunches.

A6.1. (AFRC) For Reservists medically exempted from the run, the alternate test is the cycle ergometry test (IMAs), the 3 mile walk (unit Reservists), or the one mile walk (where available for GSUs).

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, workload, gender, age, weight, and height. For members assigned to GSUs and complete the one-mile walk test you will be timed as you walk a distance of one mile. Additional components, (heart rate at completion time of walk, gender, age, and body weight) will be used to calculate your predicted max VO₂.

A6.2. (AFRC) For Reservists using the walk, you will be timed as you walk (you are not allowed to run) a distance of three miles.

A6.3. To evaluate muscular fitness, you will perform one minute each of pushups and crunches. If completed on the same day as the aerobic assessment, you will complete the muscular fitness components prior to the 1.5-mile timed run. Due to the heart rate component used in cycle ergometry testing (and one-mile walk test), the muscular fitness component is completed following those tests/cool down. The abdominal circumference measurement and muscular fitness component must be completed within five days of the aerobic component.

A6.3. (AFRC) For Reservists, the abdominal circumference measurement and muscular fitness component must be completed within five calendar days of the aerobic component, normally during the same the same UTA/IDT period.

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 five minutes prior to scheduled 1.5-mile timed run; warm time is not included in the assessment.

A6.5. Testing Guidelines :

A6.5.1. Maintain or moderate your normal lifestyle up to one 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 meals.

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

A6.6.1. If you are taking medications (that influence your heart rate), you should contact your provider prior to taking the cycle ergometry 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 heart rate. Perform the assessment with as little effort as possible. Avoid excessive emotions, especially anxiety or worry.

A6.6.3. Wear clothing that will allow a heart rate monitor to be worn next to the skin on your lower chest. (Females: Metal under-wire bras interfere with the heart rate monitor and should not be worn.) Evaluations will be as private as possible. The fitness assessment monitor 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 assessment and abdominal circumference measurements.

A7.1.2. Measurement will be taken with member in any uniform or standard physical training 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, with the line of vision horizontal, and the chin parallel to the floor. The body should be straight, but not rigid, similar to the body position when at attention.

A7.1.4. Measurement will be rounded up and recorded to the nearest $\frac{1}{2}$ inch.

A7.2. Weight Assessment .

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

A7.2.2. Measurement will be taken with member in any uniform or standard physical training 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 fitness assessment.

A7.3. Abdominal Circumference Assessment.

A7.3.1. The abdominal circumference will be taken in a private room or in a partitioned area.

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

A7.3.3. A seamstress tape measure will be used for the abdominal circumference.

A7.3.4. Member stands looking straight ahead, arms down to sides.

A7.3.5. Examiner is of same gender as the member being taped and is positioned at right side of the member.

A7.3.6. Measurement is taken on bare skin; examiner feels to locate the upper hipbone and top of the right iliac crest.

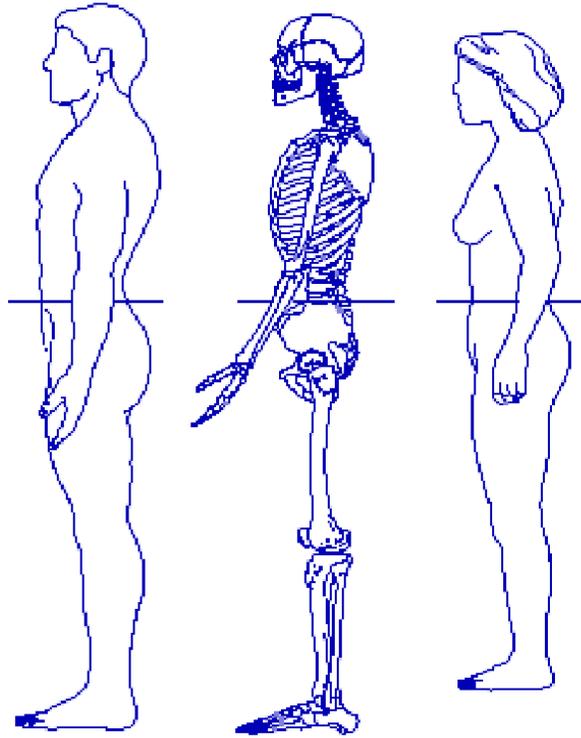
A7.3.7. A horizontal landmark is located just above the uppermost border of the right iliac crest.

A7.3.8. The tape is placed in a horizontal plane around the abdomen at the level of this landmark. Examiner ensures that the plane of the tape is parallel to the floor and that the tape is snug, but does not compress the skin. Measurement is taken at the end of a normal respiration.

A7.3.9. Round the measurement down to the nearest $\frac{1}{2}$ inch.

A7.3.10. Take the circumference measure three times and record the measurement 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 three closest measurements, divide by 3, and round down to the nearest ½ inch. Record this value as the abdominal circumference measure.

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



A7.4. Body Mass Index Calculation

A7.4.1. Body Mass Index can be calculated using pounds and inches with this equation

$$\text{BMI (kg/m}^2\text{)} = \left(\frac{\text{Weight in Pounds}}{(\text{Height in inches}) \times (\text{Height in inches})} \right) \times 703$$

A7.4.2. 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 Fitness Screening Questionnaire within 30 duty days prior to their scheduled fitness test..

A8.1.1. (AFRC) Reservists must complete the Fitness Screening Questionnaire within 1 month prior to their scheduled fitness test (normally accomplished on the UTA prior to the test).

A8.1.2. PT Leaders 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. PT Leaders ensure a scorecard is available for each member.

A8.1.4. Members must wear proper fitness attire/shoes for testing and must warm-up/stretch prior to completing the test.

A8.1.5. Members are instructed to stop at any time if feeling chest pain, shortness of breath, or dizzy.

A8.1.6. If testing a large number of members, the PT Leader may consider using identifying numbers (i.e., running bibs).

A8.1.7. Unit Physical Training (PT) Leader 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 to determine maximum number of individuals that should be tested at one time for safety of runners and to obtain accurate score.

A8.2.2. (AFRC) Reserve units consult with Fitness Coordinator (no HAWC staff available) to determine maximum number of individuals 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.

A8.2.4. (AFRC) The reserve wing commander must approve the 1.5-mile run-testing course with input from the FC.

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

A8.3.1. Heat: Wet Bulb Globe Temperature < 85° F

A8.3.2. Sun: UV index < 10 (very high risk)

A8.3.3. Cold: Temperature > 20° F

A8.3.4. Wind: Wind speed < 20 mph

A8.3.5. Lightening: No lightening within 25 miles and wait at least 30 minutes after the last observed lightening.

A8.3.6. Rain: No significant rain (accumulation < .5 inch/hour). If testing on a wet day (rain, mist or heavy dew) the temperature must be > 50° F

A8.3.7. Hail: No hail forecast or reported within 25 miles

A8.3.8. Snow: No snow accumulation on the running surface

A8.3.9. Ice: No ice on running surface that cannot be easily avoided

A8.3.10. Water: No standing water on running surface that cannot be easily avoided

A8.3.11. Mud: No mud on running surface that cannot be easily avoided

A8.3.12. Insects: Insect repellent required if biting insects are prominent

A8.3.13. Intersections: Crossing guards with reflective safety vests/lights, must be positioned at all active intersections

A8.3.14. Visibility: Visibility must be greater than ¾ mile if crossing or running beside vehicular traffic

A8.3.15. Light: Reflective belts/vests are required if running near traffic from 1 hour before sunset to 1 hour after sunrise.

A8.3.16. Wild animals: Consider ways to prevent contact with wild animals (rattlesnake, dog, bear, moose) in your area

A8.3.17. Shelter: Establish a safe shelter procedure if there is any storm threat

A8.3.18. Medical: Establish a method of communication/access for emergency medical services (e.g., cell phone to call 911)

A8.4. 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 anything 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 at any time you are feeling of poor health, 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 members ID card, enter the social security number in the box that appears. Check the information that is 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. Instruct member to remove shoes before height and weight is 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 two-minute warm-up, a 6-12 minute assessment, and a cool-down, which involve getting the heart rate 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 that she needs to secure the elastic strap on the chest transmitter so that it fits snugly below the bottom of the bra. Allow her to attach the transmitter in privacy. (Metal under wire bras may *not* be worn during the assessment because it will interfere with the heart rate signal. If the female cannot change into an acceptable bra, inform the UFPM to reschedule her 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. Allow him to attach the transmitter in private if he wishes.

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 is by unscrewing the saddle post bolt and moving the seat height. After the initial adjustment, instruct the 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, instruct the member to move their foot back so the ball of the foot is in the middle of the pedal, in the six o'clock position. 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. If the ergometer is equipped with a HR receiver box 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 $\hat{0}$ 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 and 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 Heart Rate. 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 PCM approval, do not assess the member at this time, rather coordinate with the UFPM to re-schedule the member to be re-assessed within one week. If the starting heart rate 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. Member should watch the RPM box on the screen and maintain 50 rpm. If automatic workload adjustment ergometers are used the member does not need to maintain 50 rpm.

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, fre-

quently check the workload and make adjustments to maintain the exact workload required for each minute of the assessment. After the two-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. Heart Rate 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 heart rate is indicated on the computer monitor throughout the assessment. If the member exceeds this heart rate, the assessment will stop. When the heart rate 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 five 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 the individual assessment report for the member to hand-carry to the UFPM. Inform the member if they have an invalid and need to reassess.

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 the reliability of the cycle, wipe the cycle down daily with a towel dampened in soapy/disinfectant water.

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 duty days prior to their fitness test
- A10.1.4. Course safety/environmental conditions as described in [Attachment 8 \(A8.3.\)](#) to be evaluated
- A10.1.5. Unit Physical Training (PT) leader will give instructions on administering and monitoring of the muscular fitness testing components. Muscular fitness testing is completed after the one-mile walk test/5minute 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 wing commander
- 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 polar heart monitors for each member testing, timers, notepads, score cards, pens/pencils, optional exercise mats that are no more than 1 (one) 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: $VO_2 = 139.168 - (0.388 \times \text{age}) - (0.077 \times \text{weight in lb.}) - (3.265 \times \text{walk time in minutes}) - (0.156 \times \text{heart rate})$
 - A10.3.1.2. Males: $VO_2 = 139.168 - (0.388 \times \text{age}) - (0.077 \times \text{weight in lb.}) - (3.265 \times \text{walk time in minutes}) - (0.156 \times \text{heart rate}) + 6.318$

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 polar 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 giv-

ing 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 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.

Attachment 11

STRENGTH ASSESSMENT PROCEDURES

A11.1. Push-up Assessment Procedures

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

A11.1.2. **Assessment Duration:** The member will have one minute to complete as many push-ups as possible.

A11.1.3. **Assessment Explanation:** The PT Leader will read the push-up script to the member. It is recommended that the PT Leader remind the member to stretch out the triceps, deltoids (shoulders), and pectoralis (chest) muscles during the rest period.

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) 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 does 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 PT Leader is responsible for operating the stopwatch. The PT Leader 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 PT Leader 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:** 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 (e.g., one, two, three, three, four, etc.). In addition to repeating the last correct number, give the member instruction on what is wrong. Monitor the member from a position that allows observance of the member's form and the elbow joint.

A11.1.8. **Completion/Recording:** Upon completion of the assessment, record the total amount of correct push-ups.

A11.1.9. Push-Up Verbal Instructions:

The push-up is one 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 (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 (arms fully extended). This is one repetition.

Keep your hands and feet on the floor if you need to rest. Any 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 **one 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 one minute is 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 one 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 during the rest period, which follows the push-up 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 partially 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 heels and buttocks must remain on the floor/mat during the entire assessment. 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 PT Leader is responsible for operating the stopwatch. The PT Leader 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 PT Leader 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:** 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 and the 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 :** To be read to the member during the rest period

This test measures your abdominal muscular endurance (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. 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).

(Read these instructions when the members are ready to test).

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 upper thigh and then return down until your shoulder blades touch the floor (your hands may not lose contact with your shoulders/chest at any time). 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 **one 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 one 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		
1.5-Mile Run Time (min.)	Bike Test (VO ₂)	Component Points
≤9:48	≥53	50.00
9:49-10:12	51-52	47.50
10:13-10:24	50	45.00
10:25-10:54	48-49	43.50
10:55-11:24	46-47	42.00
11:25-11:54	44-45	40.50
11:55-12:30	42-43	39.00
12:31-12:54	41	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
≥52	10.00	≥51	10.00
50-51	9.75	49-50	9.50
49	9.50	48	9.00
48	9.25	46-47	8.75
46-47	9.00	44-45	8.50
43-45	8.75	42-43	8.25
40-42	8.50	40-41	8.00
36-39	8.25	38-39	7.75
33-35	8.00	36-37	7.50
30-32	7.75	34-35	7.40
27-29	7.50	33	7.30
24-26	7.40	31-32	7.20
22-23	7.30	30	7.10
20-21	7.20	28-29	7.00
17-19	7.10	26-27	6.00
15-16	7.00	25	4.00
13-14	6.00	23-24	2.00
12	5.00	<23	0.00
10-11	4.00		
8-9	3.00		
7	2.00		
5-6	1.00		
<5	0.00		

Males 35-39

Aerobic Fitness		
1.5-Mile Run Time (min.)	Bike Test (VO ₂)	Component Points
≤9:48	≥53	50.00
9:49-10:12	51-52	47.50
10:13-10:24	50	45.00
10:25-10:54	48-49	43.50
10:55-11:24	46-47	42.00
11:25-11:54	44-45	40.50
11:55-12:30	42-43	39.00
12:31-12:54	41	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
≥46	10.00	≥49	10.00
45	9.75	47-48	9.50
44	9.50	46	9.00
42-43	9.25	44-45	8.75
41	9.00	42-43	8.50
38-40	8.75	40-41	8.25
35-37	8.50	38-39	8.00
32-34	8.25	36-37	7.75
30-31	8.00	34-35	7.50
27-29	7.75	32-33	7.40
24-26	7.50	30-31	7.30
21-23	7.40	29	7.20
19-20	7.30	27-28	7.10
17-18	7.20	25-26	7.00
15-16	7.10	23-24	6.00
13-14	7.00	22	4.00
11-12	6.00	20-21	2.00
9-10	5.00	<20	0.00
8	4.00		
6-7	3.00		
5	2.00		
3-4	1.00		
<3	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	22.30
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
≥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	22.30
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
≥30	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		
1.5-Mile Run Time (min.)	Bike Test (VO ₂)	Component Points
≤12:30	≥42	50.00
12:31-12:54	41	47.50
12:55-13:12	40	45.00
13:13-14:00	38-39	43.50
14:01-14:54	36-37	42.00
14:55-15:48	34-35	40.50
15:49-16:24	33	39.00
16:25-16:54	32	37.50
16:55-17:36	31	36.00
17:37-18:12	30	34.00
18:13-18:54	29	32.00
18:55-19:42	28	30.00
19:43-20:36	27	27.00
20:37-21:30	26	24.00
21:31-22:30	25	21.00
22:31-23:36	24	18.00
23:37-24:48	23	15.00
24:49-26:06	22	12.00
26:07-27:36	21	9.00
27:37-29:18	20	6.00
29:19-31:12	19	3.00
>31:12	<19	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
≥20	10.00	≥38	10.00
19	9.50	36-37	9.50
18	9.00	34-35	9.00
16-17	8.75	32-33	8.75
15	8.50	30-31	8.50
14	8.25	28-29	8.25
13	8.00	26-27	8.00
12	7.75	24-25	7.75
11	7.50	22-23	7.50
9-10	7.40	20-21	7.40
8	7.30	18-19	7.30
7	7.20	17	7.20
6	7.10	15-16	7.10
5	7.00	13-14	7.00
3-4	6.00	11-12	6.00
2	4.00	9-10	4.00
1	2.00	7-8	2.00
0	0.00	<7	0.00

Females 45-49

Aerobic Fitness		
1.5-Mile Run Time (min.)	Bike Test (VO ₂)	Component Points
≤12:30	≥42	50.00
12:31-12:54	41	47.50
12:55-13:12	40	45.00
13:13-14:00	38-39	43.50
14:01-14:54	36-37	42.00
14:55-15:48	34-35	40.50
15:49-16:24	33	39.00
16:25-16:54	32	37.50
16:55-17:36	31	36.00
17:37-18:12	30	34.00
18:13-18:54	29	32.00
18:55-19:42	28	30.00
19:43-20:36	27	27.00
20:37-21:30	26	24.00
21:31-22:30	25	21.00
22:31-23:36	24	18.00
23:37-24:48	23	15.00
24:49-26:06	22	12.00
26:07-27:36	21	9.00
27:37-29:18	20	6.00
29:19-31:12	19	3.00
>31:12	<19	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
≥18	10.00	≥34	10.00
17	9.50	33	9.50
16	9.00	32	9.00
14-15	8.75	30-31	8.75
13	8.50	28-29	8.50
12	8.25	26-27	8.25
11	8.00	24-25	8.00
10	7.75	22-23	7.75
9	7.50	20-21	7.50
8	7.40	18-19	7.40
7	7.30	16-17	7.30
6	7.20	14-15	7.20
5	7.10	12-13	7.10
4	7.00	10-11	7.00
3	6.00	8-9	6.00
2	4.00	7	4.00
1	2.00	6	2.00
0	0.00	<6	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 THE FP (SEE NOTES 1 AND 2)

Administrative actions for failure to participate	1 st	2 nd	3 rd	4 or >
Administrative actions for Poor Fitness Score.	>6 mo	>9 mo	>12 mo	
Options				
Verbal Counseling/Letter of Counseling	X			
Letter of Admonition	X			
Verbal Reprimand	X	X		
Letter of Reprimand	X	X	X	
Establish UIF	X	X	X	
Deny Reenlistment – (may extend for 3-6 months w/ unit cc rec)	X	X	X	
Deny Voluntary Retraining	X	X	X	
Deny Formal Training	X	X	X	
Limit Supervisory Responsibilities	X	X	X	
Remove Supervisory Responsibilities	X	X	X	
Performance Report Comments on Poor Fitness Score/Progress	X	X	X	
Prepare iDirected by Commander i Report for Poor Fitness Score	X	X	X	
Promotion Propriety Action (Note 3)	X	X	X	
Control Roster (Note 4)		X	X	
Administrative Demotion (Note 5)		X	X	X
Administrative Separation (Note 6)			X	X
Retention with continuation in FIP and appropriate administrative actions from 3 rd Poor Fitness Score			X	X

NOTES:

1. This figure provides the normal sequence and timing of administrative action. Unit commanders exercise their discretion when selecting administrative actions for members earning a poor fitness assessment score or failing to participate. However, unit commander discretion is limited by the options listed in this attachment. Failure to report for a scheduled fitness appointment may, depending on the circumstances, be deemed a failure to report to an appointed place of duty, punishable as a violation of an Article of the UCMJ (e.g., Article 86, 90 or 92). Unit commanders should consider the level of effort an individual is making toward their fitness and health conditions as a significant factor when determining the severity of the administrative action.
2. Unit commanders should take progressively more severe administrative actions, based on the number of poor fitness scores an individual has received or appointments they have missed, and so on. Commanders may use one or more of the administrative actions from the appropriate columns at each step. Don't use the same administrative action for more than two consecutive times (except OPR/EPR comments or for members with a composite fitness score <70 for >12 months). Failing to maintain standards or meeting a mandatory appointment doesn't need to be consecutive for administrative actions.

3. Commanders are required to complete a promotion withhold/deferral/non-recommendation memorandum for promotion, an AF Form 418, Selective Reenlistment Program Consideration, and AF Form 1058 for UIF and Control Roster Action, when applicable.
4. The application of personnel actions (i.e., control roster action, denial of reenlistment, etc.) is the basis for assignment ineligibility.
5. The unit commander follows procedures in AFI 36-2503, Administrative Demotion of Airmen, for airmen (there is no provision for administratively demoting officers)
6. The unit commander will make a discharge or retention recommendation to the Installation Commander when an individual has four consecutive poor fitness scores or receives four poor fitness scores in a 24-month period. The unit commander will make a discharge or retention recommendation for each subsequent poor fitness score until the member obtains a score ≥ 70 . Commanders follow procedures in AFI 36-3206, *Administrative Discharge Procedures for Commissioned Officers*, AFI 36-3208, *Administrative Separation of Airmen*. If retained, the commanders will make the same recommendation for each poor fitness score thereafter.

Refer to the following AFIs for promotion, reenlistment and extension, formal training, retraining, or assignment procedures: AFI 36-2606, *Reenlistment in the United States Air Force*; 36-2501 *Officer Promotions and Selective Continuation*; 36-2502, *Airman Promotion Program*; 36-2110, *Assignments*; 36-2626, *Airman Retraining Program*; AETCI 36-2205, *Flying Training Student Administration and Management*; and 737 TRG Instruction 36-3, *Basic Military Training*.

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 fitness assessment was accomplished on (test date) with a score of (composite fitness score) .

(Commandant)

Attachment:

Individual Fitness Assessment Report

Attachment 15 (Added-AFRC)**FITNESS PROGRAM ADVERSE EVENT REPORTING FORMAT**

Use this report format for Fitness Coordinator/Medical Unit reporting of Adverse Events when a member has a significant injury (e.g., broken bone or severe ligament injury) or illness (e.g., heart attack) associated with either fitness program assessment, unit physical training or SFIP exercise, on or off duty. Significant is defined as anything resulting in a P-4 profile, hospitalization, or death. Report to be faxed to HQ AFRC/SGP, DSN 497-0610.

Section I: Fitness Coordinator Report

- A. Unit/Wing/Installation
- B. Name/Rank/Age/SSAN of Member Experiencing Event
- C. Name/Rank/Duty Phone of Fitness Coordinator
- D. Date(s) of Event
- E. Duty Status of Member at time of Event
- F. Description of Event

Section II: Medical Unit Report

- A. Name/Rank/Duty Phone of Reserve Medical Unit POC
- B. Significant Past Medical History (As appropriate, include: tobacco use, previous cardiac or orthopedic problems, etc.)
- C. Additional Medical Information (As appropriate, include: height, weight, last Cholesterol values, current medications, and any follow-up information available.)

NOTE: Attach the current Fitness Screening Questionnaire, the last RCHRA, and other supporting medical documentation (previous narrative summaries, SF600 entries, etc.), and fax to HQ AFRC/SGP, DSN 497-0610, within 72 hours of RMU notification of an exercise related heart attack or death.

Attachment 16 (Added-AFRC)

AIR FORCE RESERVE FITNESS SCREENING QUESTIONNAIRE

1. Do you have a health condition **not** addressed in a physical profile (AF Form 422) that could be aggravated by participating in your unit's physical training program/fitness testing or that would preclude your safe participation?

Yes Stop here; notify your Unit Fitness Program Manager (UFPM) and contact your Reserve Medical Unit (RMU) or host medical treatment facility (MTF) for evaluation.

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 RMU/MTF for evaluation.

No Proceed to next question.

3. Are you less than 35 years of age?

Yes Stop here; sign form and return to your Unit Fitness Program Manager.

No Proceed to next question.

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 = 45 years for males; = 55 years for females

Yes Stop here; notify your UFPM and contact your RMU/MTF for evaluation.

No Sign form and return to Unit Fitness Program Manager.

You must notify your UFPM and see your Reserve Medical Unit/MTF if you have a change in health that may affect your ability to safely participate in unit physical training.	
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 17 (Added-AFRC)**THREE-MILE WALK INSTRUCTIONS****A17.1. (Added-AFRC) Considerations prior to the three-mile walk test**

A17.1.1. (Added-AFRC) Members completing the test must wear proper fitness attire and fitness shoes

A17.1.2. (Added-AFRC) Members must warm-up and stretch prior to completing the test

A17.1.3. (Added-AFRC) Members must complete the Fitness Screening Questionnaire within 1 month (previous UTA) prior to their fitness test

A17.1.4. (Added-AFRC) Course safety/environmental conditions as described in **Attachment 8 (A8.3.)** to be evaluated

A17.1.5. (Added-AFRC) Unit Physical Training (PT) leader 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/5minute cool-down if done on same day (must be completed within 5 days).

A17.2. (Added-AFRC) Requirements for administering the three-mile walking test

A17.2.1. (Added-AFRC) 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.

A17.2.2. (Added-AFRC) 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.

A17.2.3. (Added-AFRC) Additional equipment requirements include timers, notepads, score cards, pens/pencils, optional exercise mats that are no more than 1 (one) inch thick

A17.3. (Added-AFRC) Scoring results of the three-mile walking test

A17.3.1. (Added-AFRC) Use tables in **Attachment 20 (Added).**

A17.4. (Added-AFRC) Verbal Instructions for the three-mile walking test. 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.

Attachment 18 (Added-AFRC)

SAMPLE MEMORANDUM FOR ENTRY INTO THE SELF-PACED FITNESS
IMPROVEMENT PROGRAM (SFIP)

(Appropriate Letterhead)

MEMORANDUM FOR (member's name)

(date)

FROM: (Unit Commander)

SUBJECT: Entry into the Self-Paced Fitness Improvement Program (SFIP)

1. Based on fitness assessment results (date), your fitness is below minimum standards. You are entered into the SFIP program effective (date). You should consult your personal health care provider prior to beginning any remedial exercise program.
2. It is your responsibility to meet and maintain AFRC fitness standards consistently throughout your military career. You are encouraged to use educational assets available to you through the USAF Fit to Fight website. *[If available]* You can also voluntarily participate in (*host wing*) HAWC programs. Failure to meet fitness standards after 6 months will lead to administrative action.
3. You may use the AF Form 1975, Personal Fitness Progress Chart. See (*name of UFPM*) for a copy to document your participation in physical fitness activities. You should review your progress documented on the AF Form 1975 with (*name*) on a monthly basis. You can contact (*name of UFPM*) to determine availability of HAWC voluntary intervention programs and web-based education/intervention resources.
4. You will be reevaluated not later than six months. You should make the personal commitment necessary to exercise regularly and meet the fitness standards during the first 180-day period. If you have not reached minimum fitness standards, you will be continued in the SFIP. Failure to meet the standard after 12 months could result in more adverse administrative action to include the possibility of denial of promotion or reenlistment, discharge, or transfer to the inactive Reserve.
5. If you have questions concerning your enrollment in the SFIP you may contact your supervisor, the UFPM, the first sergeant, or me. Acknowledge receipt and understanding by signing the endorsement below.

(Unit Commander's signature block)

1st Ind, (members name)

(date)

TO: (Unit Commander)

I have read your letter placing me in the SFIP. I understand my responsibility to maintain a level of fitness that allows me to successfully complete the AF fitness assessment and to consult my personal health care provider prior to beginning any exercise program.

I also understand that fitness improvement advice given to me by the Wing Fitness Coordinator or my Unit Fitness Program Monitor is advisory, not compulsory and if I fail to meet AF fitness standards after 6 months, I may be subject to adverse administrative action(s).

(member's signature block)

Attachment 19 (Added-AFRC)

**GUIDANCE FOR AIR FORCE RESERVE ADMINISTRATIVE AND PERSONNEL
ACTIONS FOR THE FP**

NOTE: The chart below reflects adjustments in reserve retesting schedule; bases action options 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 as many options as the AD force for assistance in attaining and maintaining fitness standards).

Retest (note 1)	1st	2nd	3rd	4th
Poor Fitness Score (note 2)	>6 mo	>12 mo	>18 mo	>24 mo
Options				
Verbal Counseling	X	X		
Letter of Counseling	X	X	X	
Letter of Admonition	X	X	X	
Letter of Reprimand	X	X	X	X
Withhold/Delay/Defer Promotion	X	X	X	X
Establish UIF	X	X	X	X
Deny Reenlistment – (may extend for 6-12 mo.)	X	X	X	X
Deny Voluntary Retraining	X	X	X	X
Deny Formal Training	X	X	X	X
Limit Supervisory Responsibilities	X	X	X	X
Remove Supervisory Responsibilities	X	X	X	X
Performance Report Comments on Poor Fit Assessments/Progress	X	X	X	X
Promotion Propriety Action (note 3)	X	X	X	X
Deny Reassignment		X	X	X
Control Roster			X	X
Prepare "Directed by Commander" Report for Poor Fit Assessment			X	X
Administrative Demotion			X	X
Administrative Separation				X(note4)
Retention with appropriate administrative actions from 3 rd Poor Fit score				X(note5)
Transfer to Obligated Reserve Section(ORS) or Non-obligated, Non-participating Ready Personnel Section (NNRPS) (note 6)				X(note7)

NOTES:

1. This table applies to administrative actions against members who are complying with the FP, but have not attained satisfactory results. Failure to attend medical screening or fitness assessment is addressed as a separate issue and is not included in this table. Failure to report for a scheduled fitness assessment may, depending on the circumstances, be deemed a failure to report to an appointed place of duty, punishable as a violation of an Article of the UCMJ (e.g., Article 86, 90 or 92). For example, an LOC, LOA, or LOR is appropriate for a failure to go.
2. Retesting interval for reservists is six months rather than every 3 months (active duty). Options in the first column (Retest 1, >6 months) are at the discretion of the commander; no action is mandatory. Beginning with the second column (2nd retest, >12 months) as a minimum, the first action in each column must be accomplished. This figure provides the normal sequence and timing of administrative action. Unit commanders exercise their discretion when selecting administrative actions for members earning a poor fitness assessment score (<70) or failing to participate. However, unit commander discretion is limited by the options listed in this attachment. Unit commanders should consider the level of effort an individual is making toward their fitness and health conditions as a significant factor when determining the severity of the administrative action. Unit commanders 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 at each step. Don't use the same administrative action for more than two consecutive times (except OPR/EPR comments or for members with a composite fitness score <70 for >12 months). Failing to maintain standards or meeting a mandatory appointment doesn't need to be consecutive for administrative actions.
3. Commanders are required to complete a promotion withhold/deferral/non-recommendation memorandum for promotion, an AF Form 418, Selective Reenlistment Program Consideration, and AF Form 1058 for UIF and Control Roster Action, when applicable.
4. The unit commander will make a discharge or retention recommendation when an individual reaches this stage and will make a discharge or retention recommendation for each subsequent poor fitness score until the member obtains a score ≥ 70 . Commanders follow procedures in 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*. Transfer to ORS or NNRPS must also be considered yes/no beginning at this stage in lieu of discharge.
5. The availability of this action is dependant on whether or not administrative separation is exercised at this stage
6. Option added – not available to active component.
7. 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 failure.

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 Pro-*

motion, Continuation and Selective Early Removal in the Reserve of the Air Force; AFMAN 36-8001, Reserve Personnel Participation and Training Procedures. (changed – replaces AC references with ARC references)

Attachment 20 (Added-AFRC)

THREE-MILE WALK FITNESS ASSESSMENT SCORE CHARTS

NOTE: 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
<u><31:24</u>	50.00	<u><34:18</u>	50.00	<u><36:00</u>	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	71:01-75:18	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
<u>>68:37</u>	0.00	<u>>73:30</u>	0.00	<u>>84:00</u>	0.00

3-Mile Walk Aerobic Submaximal Test Scores (Females)

<i>Females <25-39</i>		<i>Females 40-49</i>		<i>Females 50+</i>	
3 Mile Walk Time	Component Points	3 Mile Walk Time	Component Points	3 Mile Walk Time	Component Points
<u><33:06</u>	50.00	<u><35:42</u>	50.00	<u><40:30</u>	50.00
33:07-34:30	47.50	35:43-37:06	47.50	40:31-41:54	47.50
34:31-36:30	45.00	37:07-38:42	45.00	41:55-43:18	45.00
36:31-38:00	43.50	38:43-41:24	43.50	43:19-44:54	43.50
38:01-39:54	42.00	41:25-43:54	42.00	44:55-47:06	42.00
39:55-41:18	40.50	43:55-45:54	40.50	47:07-49:36	40.50
41:19-43:06	39.00	45:55-47:00	39.00	49:37-51:00	39.00
43:07-43:54	37.50	47:01-47:42	37.50	51:01-52:00	37.50
43:55-44:42	36.00	47:43-48:30	36.00	52:01-53:06	36.00
44:43-46:36	34.00	48:31-49:36	34.00	53:07-54:36	34.00
46:37-48:12	32.00	49:37-51:54	32.00	54:37-57:24	32.00
48:13-50:36	30.00	51:55-55:00	30.00	57:25-60:18	30.00
50:37-54:06	27.00	55:01-58:48	27.00	60:19-62:30	27.00
54:07-57:18	24.00	58:49-61:30	24.00	62:31-64:42	24.00
57:19-59:42	21.00	61:31-63:48	21.00	64:43-66:48	21.00
59:43-61:42	18.00	63:49-66:06	18.00	66:49-69:42	18.00
61:43-63:36	15.00	66:07-68:24	15.00	69:43-73:00	15.00
63:37-66:00	12.00	68:25-71:00	12.00	73:01-76:12	12.00
66:01-68:24	9.00	71:01-73:42	9.00	76:13-79:30	9.00
68:25-70:42	6.00	73:43-77:06	6.00	79:31-81:18	6.00
70:43-73:30	3.00	77:07-79:48	3.00	81:19-87:24	3.00
>73:30	0.00	>79:48	0.00	>87:24	0.00