

Department of the Air Force Physical Fitness Assessment Scorecard

Privacy Statement

AUTHORITY: Title 10 United States Code 9013, Secretary of the Air Force; DAFMAN 36-2905, *Department of the Air Force Physical Fitness Program*.

PURPOSE: Information is used to positively identify an individual prior to administration of the Air Force Physical Fitness Assessment (PFA).

ROUTINE USES: In addition to those disclosures generally permitted under 5 U.S.C. 552a(b) of the Privacy Act, these records or information contained therein may specifically be disclosed outside the DoD as a routine use pursuant to 5 U.S.C. 552a(b)(3); Blanket Routine Uses applies.

DISCLOSURE: Failure to provide the requested information will result in non-administration of the Fitness Assessment.

PART I. MEMBER COMPLETES

Rank / Name:	Unit:	DoD ID:	Duty Phone:	Gender:	Age:
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PART II. TEST ADMINISTRATOR COMPLETES

FSQ Date:	PFA Date:	Eligible for Diagnostic PFA? (Before 16th day of due month/Previous month TR, IMA, DSG)	<input type="checkbox"/> Yes. <input type="checkbox"/> No.	Height (inches):	Weight (lbs):
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<u>Strength</u>	Exempt	Expiration	Measurement	Min Value Met?		Score
Push-up	Yes / No		Reps:	Yes	No	
Hand-Release Push-up (HRPU)	Yes / No		Reps:	Yes	No	
<u>Endurance</u>	Exempt	Expiration		Min Value Met?		Score
Sit-up	Yes / No		Reps:	Yes	No	
Cross-Leg Reverse Crunch (CLRC)	Yes / No		Reps:	Yes	No	
Timed Forearm Plank	Yes / No		Time:	Yes	No	
<u>Cardio</u>	Exempt	Expiration		Min Value Met?		Score
1.5 Mile Run	Yes / No		Time:	Yes	No	
20 Meter HAMR	Yes / No		Shuttles:	Yes	No	
2 KM Walk	Yes / No		Time:	Yes	No	
<input type="checkbox"/> Did Not Finish (DNF)	Notes:			Total Score:		

PART III. ACKNOWLEDGEMENT

MEMBER TESTING:	<input type="checkbox"/> Accept results as Official PFA and acknowledge results reflects my performance	Next PFA Due:	
	<input type="checkbox"/> (If Applicable) Accept as DPFA attempt IAW DAFMAN 36-2905, 3.5.2.5		
	<input type="checkbox"/> Dispute results IAW DAFMAN 36-2905, 3.11.5.3. Member may appeal results IAW 8.2.		
	Signature:	Date:	
PFA ADMINISTRATOR:	Name/Signature:	Date:	

Member experienced an injury or illness during this PFA & was advised to pursue evaluation at a Medical Treatment Facility. This PFA will become official unless rendered invalid by the Unit/CC. If no request to invalidate this PFA or request to await medical review is not received by the FAC from the Unit/CC, the PFA will become official on the 6th duty day (conclusion of next UTA for non-AGR ARC) IAW DAFMAN 36-2905, 3.8.

FAC/UFAC:	Name/Signature:	Date:	
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I have received and considered the provided medical documentation and render this test [valid / invalid] due to injury/illness

UNIT COMMANDER:	Name/Signature	Date:	
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