

Air Force Physical Fitness Assessment Scorecard

Privacy Statement

AUTHORITY: Title 10 United States Code 9013, Secretary of the Air Force; Executive Order 9397 (SSN); AFMAN 36-2905, *Physical Fitness Program* .
PURPOSE: Information is used to positively identify an individual prior to administration of the Air Force Fitness Assessment (FA).
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 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:	Duty Phone:
E-mail:	SSN:	Age (years):

Is this a diagnostic fitness assessment?

No, this is an official assessment.

Yes. Indicate election by initialing below next to the total score

PART II. TEST ADMINISTRATOR COMPLETES

Height (inches):	Weight (lbs):	FSQ Date:	FA Date:
Aerobic Component exemption: Y / N	Start Date: _____	End Date: _____	
Push-up exemption: Y / N	Start Date: _____	End Date: _____	
Sit-up exemption: Y / N	Start Date: _____	End Date: _____	

Component	Measurement / Reps / Time	Score	Minimum Value Met?
Push-ups (reps)			Y / N
Sit-ups (reps)			Y / N
1.5-Mile Run / 2.0-Kilometer Walk (mins:secs)	Time: Minutes Seconds		Y / N

Total Score:	I acknowledge my fitness category and elect to make my diagnostic assessment official. Airman's Initials: _____
Category (circle one): Unsatisfactory / Satisfactory / Excellent	

PART III. ACKNOWLEDGEMENT

I acknowledge the above information reflects my performance today. I also understand I may address discrepancies IAW the guidance in AFI 36 -2905 on removing FA scores.
NOTE: Refusal to sign does not invalidate an official physical fitness assessment .

AIRMAN TESTING: Signature: _____	Date: _____
TEST ADMINISTRATOR: Print: _____ Signature: _____	Date: _____
AFFMS II RECORDER: Print: _____ Signature: _____	Date: _____

I experienced an injury or illness during this FA and will immediately pursue evaluation at the Medical Treatment Facility. I understand this FA will count unless rendered invalid by the Unit/CC within 5 duty days (conclusion of next UTA for non-AGR ARC Airmen). If no request to invalidate this FA is received by the Fitness Assessment Cell (FAC) from the Unit/CC by the 6th duty day (conclusion of next UTA for non -AGR ARC), I understand this assessment will be entered in AFFMS.
***FAC Augmentee signature:** _____ **Date:** _____

*Note: FAC Augmentee (or UFPM if no FAC exists) will only sign above if member checks block indicating presence .of illness or injury during test. FAC signature acknowledges the requirement to hold score for 5 duty days (AFFMS input on 6th duty day) For non-AGR ARC Airmen, FAC staff will hold scores until the next UTA and enter scores into AFFMS II upon conclusion of that UTA.

I have received and considered the provided medical documentation and render this test [valid / invalid] due to injury/ s.

Unit Commander: _____	Date: _____
Print: _____	Signature: _____