

**AIR FORCE FITNESS ASSESSMENT SCORECARD  
PRIVACY ACT STATEMENT**

AUTHORITY: 10 U.S.C. 8013 and Executive Order 9397 (SSN). PURPOSE: Information is used to positively identify an individual prior to administration of the Air Force Fitness Assessment (FA).  
 ROUTINE USE: 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.

Rank / Name: \_\_\_\_\_ Unit: \_\_\_\_\_ Duty Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_ SSN: \_\_\_\_\_ Age: \_\_\_\_\_ (years)

Height: \_\_\_\_\_ (inches) Weight: \_\_\_\_\_ (lbs) FSQ Date: \_\_\_\_\_ Test Date: \_\_\_\_\_

LAPS

Aerobic Component exemption Y / N Date Start: \_\_\_\_\_ Date End: \_\_\_\_\_ 1: \_\_\_\_\_  
 Push-up exemption: Y / N Date Start: \_\_\_\_\_ Date End: \_\_\_\_\_ 2: \_\_\_\_\_  
 Sit-up exemption: Y / N Date Start: \_\_\_\_\_ Date End: \_\_\_\_\_ 3: \_\_\_\_\_  
 Abdominal circumference exemption: Y / N Date Start: \_\_\_\_\_ Date End: \_\_\_\_\_ 4: \_\_\_\_\_

Component	Measurement / Reps / Time	Score	Minimum Value Met?
Abdominal Circumference (inches)	1: _____ 2: _____ 3: _____ Average: _____		Y / N
Push-ups (reps)			Y / N
Sit-ups (reps)			Y / N
1.5-Mile Run / 2.0-Kilometer Walk (mins:secs)	Time: _____ : _____		Y / N

Total Score: \_\_\_\_\_ of \_\_\_\_\_ Category (circle one): Unsatisfactory / Satisfactory / Excellent

5: \_\_\_\_\_  
6: \_\_\_\_\_  
7: \_\_\_\_\_  
8: \_\_\_\_\_  
9: \_\_\_\_\_  
10: \_\_\_\_\_  
11: \_\_\_\_\_  
12: \_\_\_\_\_

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 the test; score will be updated in Air Force Fitness Management System (AFFMS).**

TEST MEMBER: \_\_\_\_\_ DATE: \_\_\_\_\_ Final Run Time: \_\_\_\_\_  
 SIGNATURE

TEST ADMINISTRATOR: \_\_\_\_\_ DATE: \_\_\_\_\_  
 PRINT SIGNATURE

AFFMS RECORDER: \_\_\_\_\_ DATE: \_\_\_\_\_  
 PRINT SIGNATURE

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 Commander 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 Commander 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: \_\_\_\_\_

\*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 upon conclusion of that UTA.

I have received and considered the provided medical documentation and render this test invalid due to injury/illness

UNIT COMMANDER: \_\_\_\_\_ DATE: \_\_\_\_\_  
 PRINT SIGNATURE

## FITNESS SCREENING QUESTIONNAIRE

You are being asked these questions for your safety and health. The AF Fitness Assessment (FA) is a maximum-effort test. Airmen who have not been exercising regularly and/or have other risk factors of a heart attack (increasing age, smoking, diabetes, high blood pressure, etc.) are at increased risk of injury or death during the test. Answering these questions honestly is in your best interest.

1. Have you experienced any of the symptoms/problems listed below and not been medically evaluated and cleared for unrestricted participation in a physical training program?
  - Unexplained chest discomfort with or without exertion
  - Unusual or unexplained shortness of breath
  - Dizziness, fainting, or blackouts associated with exertion
  - Other medical problems that have not been evaluated, optimally treated, or not already addressed in an AF Form 469, that may prevent your from safely participating in this test (e.g. heart disease, sickle cell trait, asthma, etc.)
    - **Yes:** Stop. Notify your UFPMP and contact your PCP/MLO for evaluation/recommendations (or for ARC, contact the MLO for Duty Limitations Conditions (DLC) documentation and referral to PCP). Hand carry this form to medical evaluation.
    - **No:** Proceed to next question.
2. Are you 35 years of age or older?
  - **Yes:** Proceed to the next question.
  - **No:** Stop. Sign form and return to your UFPMP. Member may take the FA.
3. Have you engaged in vigorous activity (i.e., activity causing sweating and moderate to marked increases in breathing and heart rate) averaging at least 30 minutes per session, 3 days per week, over the last 2 months?
  - **Yes:** Stop here. Sign form and return to your UFPMP. Member may take the fitness assessment
  - **No:** Proceed to the next question.
4. Do one (1) or more of the following risk factors apply to you?
  - Smoked tobacco products 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)
  - Age > 45 years for males; > 55 years for females
  - **Yes:** Stop here; Notify UFPMP

**NOTE:** RegAF and ANG (Title 10 status): If member was cleared for entry into a fitness program at his/her last physical health assessment (PHA) and his/her PHA is current, the member will take the FA. If not cleared, refer member to PCM for evaluation, and, if medically cleared for unrestricted fitness program, the member will take the FA.

**AFR:** If member was cleared for participation into a fitness program at a PHA within the last 12 months, the member will take the FA. If not previously cleared, member will be referred to PCP for evaluation and, if medically cleared for unrestricted fitness program, the member will take the FA. Refer member to MLO if there is any combination of smoking, diabetes, uncontrolled high blood pressure, and/or uncontrolled high cholesterol. MLO will update medical records and/or initiate DLC documentation.

**ANG (Title 32 status):** Refer member to MLO if there is any combination of smoking, diabetes, uncontrolled high blood pressure, and/or uncontrolled high cholesterol. MLO will update medical records and/or initiate DLC documentation.

- **No:** Stop. Sign form and return to UFPMP. Member will take FA.

**If member experiences any of the symptoms listed in Question #1 during the fitness assessment, they should stop the test immediately and seek medical attention immediately.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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.