

**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 and Policy*.

**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:	DoDID:	Duty Phone:	Gender:	Age:
<i>Is this is a Diagnostic PFA?</i>	No. Official PFA	Yes.	Accept Diagnostic results below as Official PFA? YES ____ NO ____		

**PART II. TEST ADMINISTRATOR COMPLETES**

Height (inches):	Weight (lbs):	FSQ Date:	PFA Date:			
<b><u>Strength</u></b>	<b>AF FM 469 Exempt</b>		<b>Measurement</b>	<b>Min Value Met?</b>		<b>Score</b>
Push-up	Yes	No	Reps:	Yes	No	
Hand-Release Push-up (HRPU)	Yes	No	Reps:	Yes	No	
<b><u>Endurance</u></b>	<b>AF FM 469 Exempt</b>		<b>Measurement</b>	<b>Min Value Met?</b>		<b>Score</b>
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	
<b><u>Cardio</u></b>	<b>AF FM 469 Exempt</b>		<b>Measurement</b>	<b>Min Value Met?</b>		<b>Score</b>
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	
Did Not Finish (DNF)	Notes:			Total Score:		

**PART III. ACKNOWLEDGEMENT**

*I acknowledge the above information reflects my performance. I may address issue IAW DAFMAN 36-2905 on removing PFA scores. NOTE: Refusal to sign does not invalidate the PFA.*

<b>MEMBER TESTING:</b>	Signature:		Date:
<b>TEST ADMINISTRATOR:</b>	Print Name:	Signature:	Date:
<i>I experienced an injury or illness during this PFA &amp; will immediately pursue evaluation at a Medical Treatment Facility. I understand this PFA 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 PFA is received by the FAC from my Unit/CC by the 6th duty day (conclusion of next UTA for non-AGR ARC), I understand this PFA will be entered in myFitness .</i>			
<b>FAC/UFAC:</b>	Print Name:	Signature:	Date:

\*Note: FAC/UFAC 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 (myFitness input on 6th duty day) For non-AGR ARC member, FAC staff will hold scores until the next UTA and enter scores into myFitness upon conclusion of that UTA.

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

<b>UNIT COMMANDER:</b>	Print Name:	Signature:	Date:
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