

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, <i>Department of the Air Force Physical Fitness Program and Policy</i> . 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:		Sex:	Age:
PART II. TEST ADMINISTRATOR COMPLETES										
FSQ Date:		PFA Date:		<i>Eligible for Diagnostic PFA?</i> <i>(Before 16th day of due month/Previous month TR, IMA, DSG)</i>			Height (inches):		Weight (lbs):	
Strength		Exempt	Expiration	Measurement			Min Value Met?		Score	
Push-up		Yes / No		Reps:			Yes No			
Hand-Release Push-up (HRPU)		Yes / No		Reps:			Yes No			
Endurance		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			
Cardio		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			
Did Not Finish (DNF)		Notes:					Total Score:			
PART III. ACKNOWLEDGEMENT										
MEMBER TESTING:		<i>Accept results as Official PFA and acknowledge results reflects my performance</i> <i>(If Applicable) Accept as DPFA attempt IAW DAFMAN 36-2905, 3.5.2.5</i> <i>Dispute results IAW DAFMAN 36-2905, 3.11.5.3. Member may appeal results IAW 8.2.</i>					Next PFA Due:			
		Signature:					Date:			
PFA ADMINISTRATOR:		Name/Signature:					Date:			
<i>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.</i>										
FAC/UFAC:		Name/Signature:					Date:			
I have received and considered the provided medical documentation and render this test [valid / invalid] due to injury/illness										
UNIT COMMANDER:		Name/Signature					Date:			