

ARMY COMBAT FITNESS TEST SCORECARD

For use of this form, see ATP 7-22.01; the proponent agency is TRADOC.

FOR OFFICIAL USE ONLY

NAME (Last, First, MI)

NOTE: To convert raw scores to scaled scores, refer to the ACFT event score conversion tables posted to the Army Combat Fitness Test website at <https://www.army.mil/acft>.

Body Composition Testing will **NOT** be conducted on the same day as the ACFT. To avoid illness and injury, height and weight should be recorded at least 7 days before or at least 7 days after the ACFT when feasible.

GENDER ☐ MALE ☐ FEMALE

UNIT/LOCATION

PRIVACY ACT STATEMENT

AUTHORITY: 10 USC 7013, Department of the Army; 10 USC 671, Members not to be assigned outside United States before completing training; 10 USC 14503, Discharge of officers with less than six years of commissioned service or found not qualified for promotion to first lieutenant or lieutenant (junior grade); Army Regulation 350-1, Army Training and Leader Development.

PRINCIPAL PURPOSE: The Army Combat Fitness Test (ACFT) assesses a Soldier's combat fitness capability. Fitness test standards are adjusted for age and gender. For additional information, see the System of Records Notice 0005, Defense Training Records, <https://www.federalregister.gov/documents/2020/12/28/2020-26548/privacy-act-of-1974-system-of-records>.

ROUTINE USES: There is no specific routine uses anticipated for this form; however, it may be subject to a number of proper and necessary routine uses identified in the system of records notice(s) specified in the purpose statement above.

DISCLOSURE: Voluntary. However, failure to provide identifying information may prevent ability to remain in the military.

TEST ONE

DATE (YYYYMMDD)	MOS	PAY GRADE	AGE
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BODY COMPOSITION DATE:

HEIGHT (inches)	WEIGHT ____ lbs. <input type="checkbox"/> GO <input type="checkbox"/> NOGO	BODY FAT ____ % <input type="checkbox"/> GO <input type="checkbox"/> NOGO
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3 REPETITION MAXIMUM DEADLIFT (weight lifted - check heaviest (lbs.))

1ST ATTEMPT <input type="checkbox"/> _____	2ND ATTEMPT <input type="checkbox"/> _____	POINTS	GRADER INITIALS
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STANDING POWER THROW (distance thrown - check longest (meters : centimeters))

1ST THROW <input type="checkbox"/> _____	2ND THROW <input type="checkbox"/> _____	POINTS	GRADER INITIALS
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HAND-RELEASE PUSH-UP (number of correctly performed repetitions)

REPETITIONS	POINTS	GRADER INITIALS
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SPRINT - DRAG - CARRY (overall event time (minutes : seconds))

TIME	POINTS	GRADER INITIALS
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PLANK (maintain proper straight line position (minutes : seconds))

TIME	POINTS	GRADER INITIALS
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2 - MILE RUN (overall event time (minutes : seconds))

TIME	POINTS	GRADER INITIALS
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5K ROW / 1K SWIM / 12K BIKE / 2.5MI WALK [(circle or use the drop down list) (overall time to reach required distance (minutes : seconds))]

<input type="checkbox"/> TIME	<input type="checkbox"/> GO <input type="checkbox"/> NOGO	POINTS (60/0)	GRADER INITIALS
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SOLDIER SIGNATURE	DATE	TOTAL POINTS
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OIC/NCOIC NAME (Last, First, MI)	PAY GRADE	<input type="checkbox"/> GO <input type="checkbox"/> NOGO
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OIC/NCOIC SIGNATURE	DATE
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TEST TWO

DATE (YYYYMMDD)	MOS	PAY GRADE	AGE
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BODY COMPOSITION DATE:

HEIGHT (inches)	WEIGHT ____ lbs. <input type="checkbox"/> GO <input type="checkbox"/> NOGO	BODY FAT ____ % <input type="checkbox"/> GO <input type="checkbox"/> NOGO
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3 REPETITION MAXIMUM DEADLIFT (weight lifted - check heaviest (lbs.))

1ST ATTEMPT <input type="checkbox"/> _____	2ND ATTEMPT <input type="checkbox"/> _____	POINTS	GRADER INITIALS
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STANDING POWER THROW (distance thrown - check longest (meters : centimeters))

1ST THROW <input type="checkbox"/> _____	2ND THROW <input type="checkbox"/> _____	POINTS	GRADER INITIALS
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HAND-RELEASE PUSH-UP (number of correctly performed repetitions)

REPETITIONS	POINTS	GRADER INITIALS
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SPRINT - DRAG - CARRY (overall event time (minutes : seconds))

TIME	POINTS	GRADER INITIALS
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PLANK (maintain proper straight line position (minutes : seconds))

TIME	POINTS	GRADER INITIALS
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2 - MILE RUN (overall event time (minutes : seconds))

TIME	POINTS	GRADER INITIALS
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<input type="checkbox"/> TIME	<input type="checkbox"/> GO <input type="checkbox"/> NOGO	POINTS (60/0)	GRADER INITIALS
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SOLDIER SIGNATURE	DATE	TOTAL POINTS
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OIC/NCOIC NAME (Last, First, MI)	PAY GRADE	<input type="checkbox"/> GO <input type="checkbox"/> NOGO
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OIC/NCOIC SIGNATURE	DATE
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