

CUI (when filled in)

AIR FORCE PHYSICAL FITNESS READINESS ASSESSMENT SCORE CARD

Privacy Act Statement

AUTHORITY: Title 10 United States Code 9013, Secretary of the Air Force; AFMAN 36-2905, Department of the Air Force Physical Fitness Readiness Program and Policy.

PURPOSE: Information is used to positively identify an individual prior to administration of the Air Force Physical Fitness Readiness Assessment (PFRA).

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:
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PART II. TEST ADMINISTRATOR COMPLETES

FSQ Date:	PFRA Date:	Eligible for Diagnostic PFRA? (Before 16th day of due month/Previous month TR, IMA, DSG)	☐ Yes ☐ No	Height (inches):	Weight (lbs):
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Body Composition	Exempt	Expiration	Measurement	Min Value Met?	Score
Waist Circumference	☐ Yes ☐ No		1: 2: 3: Average:	☐ Yes ☐ No	
Body Fat Assessment	☐ Yes ☐ No		Results (%):	☐ Yes ☐ No	

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	Measurement	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	Measurement	Min Value Met?	Score
2 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:	
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PART III. ACKNOWLEDGEMENT

MEMBER TESTING:	☐ Accept results as Official PFRA and acknowledge results reflects my performance (If Applicable) Accept as DPFR attempt IAW AFMAN 36-2905, 3.5.2.5 Dispute results IAW AFMAN 36-2905, 3.11.5.3. Member may appeal results IAW 8.2.	Next PFRA Due:	
	Signature:	Date:	
PFRA ADMINISTRATOR:	Name/Signature:	Date:	

☐	Member experienced an injury or illness during this PFRA & was advised to pursue evaluation at a Medical Treatment Facility. This PFRA will become official unless rendered invalid by the Unit/CC. If no request to invalidate this PFRA or request to await medical review is not received by the FAC from the Unit CC, the PFRA will become official on the 6th duty day (conclusion of next UTA for non-AGR ARC) IAW AFMAN 36-2905, 3.12.
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FAC/UFAC:	Name/Signature:	Date:	
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☐	I have received and considered the provided medical documentation and render this test [valid / invalid] due to injury/illness
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UNIT COMMANDER:	Name/Signature	Date:	
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