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 indentify 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:

PART II. TEST ADMINISTRATOR COMPLETES

FSQ Date:	PFRA Date:	*Eligible for Diagnostic PFRA? (Before 16th day of due month/Previous month TR, IMA, DSG)*	Height (inches):	Weight (lbs):
		◯Yes ◯No		

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**		**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**
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:	

PART III. ACKNOWLEGEMENT

MEMBER TESTING:	☐ *Accept results as Official PFRA and acknowledge results reflects my performance* ☐ *(If Applicable) Accept as DPFRA 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.*

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:*	