

Kirtland AFB Fitness Assessment Score Card

RANK / LAST, FIRST NAME

SSN:

UNIT / AFSC:

GENDER:

AGE:

BODY COMPOSITION ASSESSMENT DATE/TIME:

HEIGHT (inches):

WEIGHT (pounds):

ABDOMINAL CIR: = *

MUSCULAR FITNESS ASSESSMENT DATE/TIME:

PUSH-UPS:

SIT-UPS:

AEROBIC ASSESSMENT DATE/TIME:

1.5 MILE RUN TIME:

WALK TIME/HR/VO2:

Member's Signature: _____ **Date:** _____

FAC Signature: _____ **Date:** _____

(The above signatures confirm the raw numbers to be correct.)

PERSONAL DATA PRIVACY ACT OF 1974 APPLIES.

AUTHORITY: 10 U.S.C. 8013, Department of the Air Force and Executive Order 9397 and 13478 (SSN)

PURPOSE: Information is used to verify positive identification and to properly file the Fitness Assessment Score into the member's personnel fitness

ROUTINE USE: May specifically be disclosed outside the DoD as a routine use pursuant to 5 U.S.C. 552a(b) (3)file

DISCLOSURE: Is voluntary; Failure to provide SSN may result in misfiling in personnel fitness file

Admin Use Only: Total Score: _____ U S E
Unsatisfactory: AC _____ PU _____ SU _____ RUN _____ WALK _____ Total Failures _____
108 Sent Date / UFPM / FAC _____