#### Air Force Physical Fitness Screening Questionnaire (FSQ)

#### **Privacy Statement**

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

**PRIMARY PURPOSE:** You are being asked these questions for your safety and health. The AF Fitness Assessment (FA) is a maximum effort test. Airmen who have not been exercising regularly and/or have underlying medical risk factors (as screened below) are at increased risk of injury or death during the test. Answering these questions honestly is in your best interest.

ROUTINE USES: Disclosures are permitted under Title 5 United States Code 552a(b), Privacy Act of 1974, as amended.

DISCLOSURE: Mandatory use by Regular Air Force, Reserve and Guard members.

Name:	Rank:	Office Symbol:	Duty Phone:

#### 1A. Do you have a profile or an exemption?

Yes: Provide a copy to fitness administrator, once complete, proceed to next question

No: Proceed to next question

- 1B. Have you experienced any of the symptoms/problems listed below and not been medically evaluated and cleared for unrestricted participation in a physical training program?
- a. Unexplained chest discomfort with or without exertion
- b. Unusual or unexplained shortness of breath
- c. Dizziness, fainting, or blackouts associated with exertion
- d. Unpleasant feelings of rapid, irregular, or forceful heartbeats
- e. Fever or flu-like symptoms
- f. Unusual leg pain, cramping, or weakness during exercise
- g. Family history of sudden death before age of 40 in a first degree relative (e.g., biological mother, father, sibling, or child)
- h. Other medical conditions (e.g., COVID-19, diabetes, kidney disease, heart disease, a history of rhabdomyolysis, heat stroke, new medications, etc.) or surgical considerations that may prevent you from safely participating in this test and have not been addressed with adequate restrictions on the AF Form 469

### 1C. Have you answered "Yes" to ANY of the above conditions?

Yes: Stop. Notify your UFPM (to address rescheduling, etc.) and contact your Primary Care Provider (PCP) for evaluation/recommendations (or for ARC, contact the MLO for Duty Limiting Conditions (DLC) documentation and referral to PCP. Hand carry this form to medical evaluation.

No: Proceed to next question.

2. Do you know your sickle cell trait (SCT) screening test status? If unknown, you may access https://imr.afms.mil/imr/ myIMR.aspx (Note: this system is not your official medical record, but it contains readiness data)

Yes: Proceed to question 3. If your SCT screening was negative, answer "Yes" to question 3.

No: Stop. Notify your UFPM that you are not cleared for your fitness test. Complete the remainder of your questionnaire and hand carry this form to medical evaluation.

3. If you have SCT, you are directed to complete two (2) counseling sessions regarding SCT with a health care provider at some time in your career AND watch the educational video about SCT once a year (https://www.hprc-online.org/articles/ sickle-cell-trait-awareness OR https://www.youtube.com/watch?v=8s9nKcFd-Fk). Based on your SCT screening test result, have you completed the necessary counseling and education?

Yes: I completed training OR my SCT screening test was negative. Proceed to question 4.

No: Stop. Notify your UFPM that you are not cleared for your fitness test. Complete the remainder of your questionnaire and hand carry this form to medical evaluation.

4. Have you engaged in vigorous physical activity (i.e., activity causing sweating and moderate to severe increase in breathing and heart rate) averaging at least 30 minutes per session, 3 days per week, over the last 3 months?

Yes: Stop. Sign form and return to your UFPM. Airman may take the fitness assessment.

No: Proceed to the next question.

a Smalead tahagaa praduats in the last 20 days	te: this question only applies if you answered "No" to question 4.
<ul> <li>a. Smoked tobacco products in the last 30 days</li> <li>b. Diabetes</li> <li>c. High blood pressure OR high cholesterol that is not controlled</li> <li>d. Family history of heart disease (developed in father/brother before a</li> <li>e. Age &gt; 45 years for males; &gt; 55 years for females</li> <li>f. Diagnosed previously with COVID-19 AND have NOT been cleared</li> </ul>	- -
Have you answered "Yes" to ANY of the above conditions in block	5?
<b>Yes:</b> Stop. Notify your UFPM that you are not cleared for your fitness form to medical evaluation.	test. Complete the remainder of your questionnaire and hand carry this
No: Stop. Sign form and return to your UFPM. Airman may take the F	A if they were not disqualified by question 1-4.
By signing below, I affirm that this questionnaire was filled out truthfu warning signs I should stop my fitness immediately and seek medical a	
<ul> <li>a. Unexplained chest pain</li> <li>b. Shortness of breath</li> <li>c. Dizziness</li> <li>e. Blurry vision</li> <li>f. Unusual leg pain, cramping, and or weakness</li> </ul>	
Date:	Signature:
CONTROLLED UNCLASSIFIED IN	FORMATION PRIVACY SENSITIVE
To Be Comple	ted By Medical
To Be Comple  If medical evaluation is required IAW this FSQ, the provider will comp	
If medical evaluation is required IAW this FSQ, the provider will comp	
If medical evaluation is required IAW this FSQ, the provider will comp	olete the following.
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If medical evaluation is required IAW this FSQ, the provider will comp  ***********************************	DATE  ort 1.5 mile run.  l effort 2.0 km walk.

## AIR FORCE FITNESS ASSESSMENT SCORECARD

### PRIVACY ACT STATEMENT

AUTHORITY: 10 U.S.C. 8013 and Executive Order 9397 (SSN). PURPOSE: Information is used to positively identify an individual prior to administration of the Air Force Fitness Assessment (FA).

ROUTINE USE: 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.

Rank / Name:		Unit:		Duty Phone:		
E-mail:		SSN:_		Age:(years)		
Height:(inch	nes) Weight:	(lbs) FSQ Date:	T	est Date:		
Aerobic Component exe	emption Y / N	N Date Start:	Date End:			
Push-up exemption:	Y / N			<del></del>		
			Date End:	<del></del>		
Sit-up exemption: Y / N Abdominal circumference exemption: Y / N			Date End:	nd: nd:		
718 dominar effective	to exemption.	Dute Start.	Bute Bild.			
Component	Measur	rement / Reps / Time	Score	Minimum Value Met?		
Push-ups (reps)				Y / N		
Sit-ups (reps)				Y / N		
1.5-Mile Run						
(mins:secs)	Time	: :		Y / N		
I acknowledge the above in AFI 36-2905 on removing 1	FA scores. <b>NOTE:</b> Refus	ormance today. I also understand I	I may address discrepa	tory / Satisfactory / Excellent  ncies IAW the guidance in  ne updated in Air Force Fitness		
AFI 36-2905 on removing Management System (AFF)	formation reflects my perfor FA scores. <b>NOTE:</b> Refus	ormance today. I also understand I	I may address discrepa	ncies IAW the guidance in ne updated in Air Force Fitness		
I acknowledge the above in	oformation reflects my perfor FA scores. <b>NOTE:</b> Refus MS).	ormance today. I also understand I	I may address discrepa	ncies IAW the guidance in		
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I acknowledge the above in AFI 36-2905 on removing I Management System (AFFI	oformation reflects my performation reflects my performation reflects my performation (Fig. 1).  SIGNATURE  OR:	ormance today. I also understand i al to sign does not invalidate	may address discrepa the test; score will b	ncies IAW the guidance in ne updated in Air Force Fitness		
I acknowledge the above in AFI 36-2905 on removing Management System (AFFI)	oformation reflects my performation reflects my performation reflects my performation (FA scores. NOTE: Refusion MS).	ormance today. I also understand I	may address discrepa the test; score will b	ncies IAW the guidance in the updated in Air Force Fitness  DATE:  DATE:		
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I acknowledge the above in AFI 36-2905 on removing a Management System (AFFI)  TEST MEMBER:  TEST ADMINISTRATO  AFFMS RECORDE  Experienced an injury or illusted invalid by the Unit Contents	SIGNATURE  PRINT  PRINT  press during this FA and with commander within 5 duty day	sign does not invalidate  SIGNATURE  SIGNATURE	I may address discrepa the test; score will b  E  tt the Medical Treatmen n-AGR ARC Airmen). I,	ncies IAW the guidance in the updated in Air Force Fitness  DATE:  DATE:		
I acknowledge the above in AFI 36-2905 on removing a Management System (AFFI TEST MEMBER:  TEST MEMBER:  TEST ADMINISTRATO  AFFMS RECORDE  Experienced an injury or illustred invalid by the Unit Coess Assessment Cell (FAC)	sformation reflects my performation reflects my performation reflects my performance.  **Refus MS**  **SIGNATURE**  **PRINT**  **PRINT**  **PRINT**  **Iness during this FA and will commander within 5 duty day from the Commander by the formander by the second commander of the commander of the commander by the second commander within 5 duty day from the Commander by the commander within 5 duty day from the Commander by the comman	SIGNATURE  SIGNATURE  Il immediately pursue evaluation a sys (conclusion of next UTA for not e 6th duty day (conclusion of next U	I may address discrepa the test; score will b  E  tt the Medical Treatmen n-AGR ARC Airmen). I,	ncies IAW the guidance in the updated in Air Force Fitness  DATE:  DATE:  DATE:  The properties of the		
I acknowledge the above in AFI 36-2905 on removing a Management System (AFFI TEST MEMBER:  TEST MEMBER:  TEST ADMINISTRATO  AFFMS RECORDE  Experienced an injury or illatered invalid by the Unit Coess Assessment Cell (FAC) of the Member of t	SIGNATURE  PRINT  PRINT  PRINT  mess during this FA and will ommander within 5 duty day from the Commander by the commander by the commander will only signature:  no FAC exists) will only signature.	SIGNATURE  SIGNATURE  SIGNATURE  Il immediately pursue evaluation a sys (conclusion of next UTA for none of the duty day (conclusion of next UTA)  gn above if member checks block in s (AFFMS input on 6th duty day) F	I may address discrepa the test; score will b  the test the Medical Treatment of the Medical Tre	ncies IAW the guidance in the updated in Air Force Fitness  DATE:  DATE:  DATE:  The properties of the		
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# FOR MALES, MUST GET A SCORE OF 75% OR HIGHER.

	USAF Fitness Assessment Sco	oring / Males < 25 years of age			
		Version			
		ratory Fitness			
Run Time (mins:secs)	20 m HAMR Shuttles	Health Risk Category	Points		
≤ 9:12	> 100	Low Risk	60.0		
9:13 - 9:34	94 - 99	Low Risk	59.5		
9:35 - 9:45	92 - 93	Low Risk	59.0		
9:46 - 9:58	88 - 91	Low Risk	58.5		
9:59 - 10:10	86 - 87	Low Risk	58.0		
10:11 - 10:23	83 - 85	Low Risk	57.5		
10:24 - 10:37	80 - 82	Low Risk	57.0		
10:38 - 10:51	77 - 79	Low Risk	56.5		
10:52 - 11:06	74 - 76	Low Risk	56.0		
11:07 - 11:22	71 - 73	Low Risk	55.5		
11:23 - 11:38	68 - 70	Low Risk	55.0		
11:39 - 11:56	65 - 67	Low Risk	54.5		
11:57 - 12:14	62 - 64	Low Risk	54.0		
12:15 - 12:33	59 - 61	Low Risk	53.5		
12:34 - 12:53	56 - 58	Moderate Risk	52.0		
12:54 - 13:14	54 - 55	Moderate Risk	50.5		
13:15 - 13:36	51 - 53	Moderate Risk	49.0		
13:37 - 14:00	48 - 50	High Risk	46.5		
14:01 - 14:25	45 - 47	High Risk	44.0		
14:26 - 14:52	42 - 44	High Risk	41.0		
14:53 - 15:20	39 - 41	High Risk	38.0		
15:21 - 15:50*	36*- 38	High Risk	35.0		
NOTES:					
Health Risk Category = low, moder					
current and future cardiovascular	disease, diabetes, certain cancers, and	other health problems.			
Passing Requirements - member m					
1) achieve a composite point total ≥					
2) meet minimum point values for a	all components.				
***					
* Minimum Component Values					
Run time < 15:50					
20 m HAMR Shuttles ≥ 36 Shuttles		· · · · · · · · · · · · · · · · · · ·			
Composite Score Categories		<del>                                     </del>			
Excellent $\geq 90.0$ pts		ļ			
Satisfactory = 75.0 - 89.9		<u> </u>			
Unsatisfactory < 75.0	gn. 1.1	7*.			
	Final \	Version			

USAF Fitness Assessment Scoring / Males < 25 years of age									
	Final Version								
Muscular Fitness									
1 min Push-ups	<b>Points</b>	2 min Hand Release Push-ups	Points	1 min Sit-ups	Points	2 min Cross Leg Reverse Crunch	Points	Forearm Plank Time (mm:ss)	Points
≥ 67	20.0	<u>≥</u> 40	20.0	≥ 58	20.0	<u>≥</u> 49	20.0	≥ 3:35	20.0
66	19.8	39	19.6	57	19.7	48	19.6	3:30	19.7
65	19.6	38	19.2	56	19.4	47	19.3	3:25	19.3
64	19.4	37	18.8	55	19.0	46	18.9	3:18	18.9
63	19.2	36	18.4	54	18.8	45	18.6	3:12	18.5
62	19.0	35	18.0	53	18.4	44	18.2	3:05	18.0
61	18.8	34	17.6	52	18.0	43	17.9	2:45	16.7
60	18.6	33	17.2	51	17.6	42	17.5	2:25	15.3
59	18.4	32	16.8	50	17.4	41	17.1	2:05	14.0
58	18.2	31	16.4	49	17.0	40	16.8	1:55	13.3
57	18.0	30	16.0	48	16.6	39	16.4	1:25	11.3
56	17.8	29	15.6	47	16.0	38	16.1	1:05*	10.0
55	17.7	28	15.2	46	15.0	37	15.7		
54	17.6	27	14.8	45	14.0	36	15.4		
53	17.4	26	14.4	44	13.0	35	15.0		
52	17.2	25	14.0	43	12.6	34	14.6		
51	17.0	24	13.6	42	12.0	33	14.3		
50	16.8	23	13.2	41	9.0	32	13.9		
49	16.6	22	12.8	40	6.0	31	13.6		
48	16.2	21	12.4	39*	3.0	30	13.2		
47	16.0	20	12.0			29	12.9		
46	15.6	19	11.6			28	12.5		
45	15.4	18	11.2			27	12.1		
44	15.0	17	10.8			26	11.8		
43	14.6	16	10.4			25	11.4		
42	14.4	15*	10.0			24	11.1		
41	14.0					23	10.7		
40	13.6					22	10.4 10.0		
39	13.0					21*	10.0		
38	12.6 12.0								
	11.6								
36	11.0								
34	10.6				] 				
33	10.0								
32	7.0								
31	4.0			* Minimum Comp	onent Val	ues		<u> </u>	
30*	1.0				, 41				
	1.0			Passing Requirem	ents - men	iber <i>must</i> :			
						total $\geq$ 75 points <i>a</i>	nd		
						es for all componer			
				,					
				Composite Score (	Categories				
				Excellent $\geq$ 90.0 pt					
				Satisfactory = 75.0					
				Unsatisfactory < 7					
				Final Versi					
That version									

	USAF Fitness Assessment Scor	ring / Females < 25 years of age			
		Version			
	Cardiorespir	ratory Fitness			
Run Time (mins:secs)	20 m HAMR Shuttles	Health Risk Category	Points		
≤ 10:23	> 83	Low Risk	60.0		
10:24 - 10:51	<del></del>	Low Risk	59.5		
10:52 - 11:06	74 - 76	Low Risk	59.0		
11:07 - 11:22	71 - 73	Low Risk	58.5		
11:23 - 11:38	68 - 70	Low Risk	58.0		
11:39 - 11:56	65 - 67	Low Risk	57.5		
11:57 - 12:14	62 - 64	Low Risk	57.0		
12:15 - 12:33	59 - 61	Low Risk	56.5		
12:34 - 12:53	56 - 58	Low Risk	56.0		
12:54 - 13:14	54 - 55	Low Risk	55.5		
13:15 - 13:36	51 - 53	Low Risk	55.0		
13:37 - 14:00	48 - 50	Low Risk	54.5		
14:01 - 14:25	45 - 47	Low Risk	54.0		
14:26 - 14:52	42 - 44	Low Risk	53.5		
14:53 - 15:20	39 - 41	Moderate Risk	52.0		
15:21 - 15:50	36 - 38	Moderate Risk	50.5		
15:51 - 16:22	33 - 35	Moderate Risk	49.0		
16:23 - 16:57	30 - 32	High Risk	46.0		
16:58 - 17:34	27 - 29	High Risk	42.5		
17:35 - 18:14	24 - 26	High Risk	39.0		
18:15 - 18:56*	22* - 23	High Risk	35.0		
		9			
NOTES:					
Health Risk Category = low, moder					
current and future cardiovascular d	lisease, diabetes, certain cancers, and	other health problems.			
Passing Requirements - member mu					
1) achieve a composite point total ≥					
2) meet minimum point values for a	II components.	,			
* 10	<u> </u>				
* Minimum Component Values					
Run time < 18:56					
20 m HAMR Shuttles $\geq$ 22 Shuttles	T	<u>,                                      </u>			
G	<u> </u>				
Composite Score Categories					
Excellent $\geq 90.0$ pts					
Satisfactory = 75.0 - 89.9		ļ			
Unsatisfactory < 75.0	974 1 1	7*.			
	Final V	Version			

USAF Fitness Assessment Scoring / Females < 25 years of age									
Final Version									
Muscular Fitness									
1 min Push-ups	<b>Points</b>	2 min Hand Release Push-ups	Points	1 min Sit-ups	<b>Points</b>	2 min Cross Leg Reverse Crunch	Points	Forearm Plank Time (mm:ss)	Points
<u>≥</u> 47	20.0	≥ 31	20.0	<u>≥</u> 54	20.0	<u>≥</u> 47	20.0	≥ 3:30	20.0
46	19.8	30	19.6	53	19.7	46	19.7	3:25	19.0
45	19.6	29	19.2	52	19.4	45	19.4	3:18	18.7
44	19.4	28	18.8	51	19.0	44	19.2	3:12	18.5
43	19.2	27	18.4	50	18.8	43	18.9	3:05	18.3
42	19.0	26	18.0	49	18.0	42	18.6	2:45	15.9
41	18.8	25	17.6	48	17.8	41	18.3	2:25	15.2
40	18.6	24	17.2	47	17.6	40	18.1	2:05	14.4
39	18.4	23	16.8	46	17.2	39	17.8	1:45	12.1
38	18.2	22	16.4	45	17.0	38	17.5	1:25	11.3
37	18.0	21	16.0	44	16.0	37	17.2	1:05	10.5
36	17.8	20	15.6	43	15.6	36	16.9	1:00	10.3
35	17.6	19	15.2	42	15.0	35	16.7	:55*	10.0
34	17.2	18	14.8	41	14.0	34	16.4		
33	17.0	17	14.4	40	13.6	33	16.1		
32	16.8	16	14.0	39	13.0	32	15.8		
31	16.6	15	13.6	38	12.0	31	15.6		
30	16.4	14	13.2	37	9.0	30	15.3		
29	16.2	13	12.8	36	6.0	29	15.0		
28	16.0	12	12.4	35*	3.0	28	14.7		
27	15.0	11	12.0			27	14.4		
26	14.6	10	11.6			26	14.2		
25	14.4	9	11.2			25	13.9		
24	14.0	8	10.8			24	13.6		
23	13.0	7	10.4			23	13.3		
22	12.6	6*	10.0			22	13.1		
21	12.0					21	12.8		
20 19	11.6 11.0				-	20 19	12.5 12.2		
18	10.0				<del> </del>	18	11.9		
17	7.0					17	11.7		
16	4.0					16	11.7		
15*	1.0					15	11.4		
15	1.0				<del> </del>	14	10.8		
						13	10.6		
						12	10.3		
* Minimum Comp	onent Vali	ues				11*	10.0		
Passing Requirem	ents - men	iber <i>must</i> :							
1) achieve a comp	osite point	total ≥ 75 points ar	nd						
2) meet minimum	point valu	es for all componer	ıts.						
Composite Score									
Excellent $\geq$ 90.0 p									
	Satisfactory = 75.0 - 89.9								
Unsatisfactory < 7	5.0			#21 # #F7 /	•				
	Final Version								