

## AGENDA

---

### COMMAND FITNESS LEADER 5-DAY COURSE AGENDA (Option 1)

#### MONDAY

- 0700: Muster at Gym / Pre-screening (30 minutes)
- 0730: BCA (30 minutes)
- 0800: PRT (60 minutes)
- 0900: 1-1 Gym Session: Dynamic Warm-Up, Cool Down, and Stretches (2 hours)
- 1100: Break for Lunch / Shower [CFL Instructor grades PRT scores]
- 1230: 1-2A Course Introduction (30 minutes)
- 1300: Pre-test (30 minutes)
- 1330: 1-2B Impact of Physical Fitness on Mission Readiness (30 minutes)
- 1400: Break
- 1415: 1-3 Actions and Responsibilities for the Physical Readiness Program (45 minutes)
- 1500: 1-4 Proper Conduct of the Physical Fitness Assessment (PFA) (45 minutes)
- 1545: Homework Assignment #1

#### TUESDAY

- 0700: QA and Homework Review
- 0715: 1-5 Medical Screening and Waivers (45 minutes)
- 0800: 1-5 PFA Team Making Decision Activity: Medical Waivers (30 minutes)
- 0830: Break
- 0845: 1-6 Leading Command Physical Training (PT) (45 minutes)
- 0930: 1-7 Exercise Principles and Programming (45 minutes)
- 1015: 1-8 Physical Readiness Program Safety and Injury Prevention (45 minutes)
- 1100: Lunch
- 1230: 1-9 Physical Readiness Test (PRT) (45 minutes)
- 1315: 1-9 PFA Decision Making Activity: PRT Worksheet/Calculations (30 minutes)

## AGENDA

---

1345: Homework Assignment #2

1400: Break for Gym

1415: 1-10 Gym: Strength Conditioning (2 hours)

### WEDNESDAY

0700: QA and Homework Review

0730: 1-11 Improving PRT Scores (60 minutes)

0830: Break

0845: 1-12 Foundational Nutrition (50 minutes)

0935: 1-13 Weight Management (35 minutes)

1010: 1-14 Navy Health Promotion & Wellness (20 minutes)

1030: 1-15 Body Composition Assessment (BCA) (30 minutes)

1100: Lunch

1230: 1-15 PFA Activity: Live Demonstration and Group Tapings (60 minutes)

1330: Homework Assignment #3

1345: Break for Gym

1400: 1-16 Gym: Cardio-respiratory Conditioning (2 hours)

### THURSDAY

0700: QA and Homework Review

0730: 1-15 PFA Team Decision Making Activity: BCA Calculations-BCA Worksheet (30 minutes)

0800: 1-17 Fitness Enhancement Program (FEP) (30 minutes)

0830: Break

0845: 1-18 PRIMS (60 minutes)

0945: 1-19 Administrative Actions (90 minutes)

1115: Lunch

## AGENDA

---

1245: 1-20 Homework Assignment #4: Group Presentations (60 minutes)

1345: Break for Gym

1400: 1-20 Gym Session: NOFFS (2 hours)

### FRIDAY

0700: 1-21 Frequently Asked Questions (30 minutes)

0730: Post-test (30 minutes)

0800: Break for Gym

0815: 1-22 Gym Session: Circuit Training / Group Presentations (2 hours)

1015: Shower / CBQ Checkout [CFL Instructor grades Post-test]

1145: Course Evaluations and Feedback (15 minutes)

1200: Closing Remarks and Graduation

### COMMAND FITNESS LEADER 5-DAY COURSE AGENDA (Option 2)

#### MONDAY

0700: Muster at Gym / Pre-screening (30 minutes)

0730: BCA (30 minutes)

0800: PRT (60 minutes)

0900: 1-1 Gym Session: Dynamic Warm-Up, Cool Down, Stretches (2 hours)

1100: Break for Lunch / Shower [CFL Instructor grades PRT scores]

1230: 1-2A Course Introduction (30 minutes)

1300: Pre-test (30 minutes)

1330: 1-3B Impact on Mission Readiness (30 minutes)

1400: Break

1415: 1-3 Actions and Responsibilities for the Physical Readiness Program (45 minutes)

1500: 1-4 Proper Conduct of the Physical Fitness Assessment (PFA) (45 minutes)

## AGENDA

---

1545: Homework Assignment #1

### TUESDAY

0700: QA and Homework Review

0715: 1-6 Leading Command Physical Training (PT) (45 minutes)

0800: 1-7 Exercise Principles and Programming (45 minutes)

0845: Break for gym

0900: 1-10 Gym Session: Strength Conditioning (2 hours)

1100: Lunch/Shower

1230: 1-8 Physical Readiness Program Safety and Injury Prevention (45 minutes)

1315: 1-5 Medical Screening and Waivers (45 minutes)

1400: Break

1415: 1-5 PFA Team Making Decision Activity: Medical Waivers (30 minutes)

1445: 1-9 Physical Readiness Test (PRT) (30 minutes)

1515: 1-9 PFA Decision Making Activity: PRT Worksheet/Calculations (30 minutes)

1545: Homework Assignment #2

### WEDNESDAY

0700: QA and Homework Review

0730: 1-11 Improving PRT Scores (60 minutes)

0830: Break for Gym

0845: 1-16 Gym: Cardio-respiratory Conditioning

1045: Lunch/Shower

1215: 1-12 Foundational Nutrition (50 minutes)

1305: 1-13 Weight Management (35 minutes)

1340: 1-14 Navy Health Promotion & Wellness (20 minutes)

## AGENDA

---

1400: Break

1415: 1-15 Body Composition Assessment (BCA) (30 minutes)

1445: 1-15 PFA Activity: Live Demonstration and Group Tapings (60 minutes)

1545: Homework Assignment #3

### THURSDAY

0700: QA and Homework Review

0730: 1-15 PFA Team Decision Making Activity: BCA Calculations-BCA Worksheet (30 minutes)

0800: 1-17 Fitness Enhancement Program (FEP) (30 minutes)

0830: Break for Gym

0845: 1-20 Gym Session: NOFFS (2 hours)

1045: Lunch/Shower

1215: 1-19 Administrative Actions (90 minutes)

1345: Break

1400: 1-18 PRIMS (60 minutes)

1500: 1-20 Homework Assignment #4: Group Presentations (60 minutes)

### FRIDAY

0700: 1-21 Frequently Asked Questions (30 minutes)

0730: Post-test (30 minutes)

0800: Break for Gym

0815: 1-22 Gym Session: Circuit Training / Group Presentations (2 hours)

1015: Shower / CBQ Checkout [CFL Instructor grades Post-test]

1145: Course Evaluations and Feedback (15 minutes)

1200: Closing Remarks and Graduation



## STUDENT INSTRUCTOR FEEDBACK

<b>Course Title:</b>	<b>Date:</b>	<b>Name: (optional)</b>
<b>Current Position:</b>	<b>Parent Command:</b>	<b>Rank/Rate/GS:</b>

*Request you comment on the course of instruction you have just completed. Course feedback is an important part of the instructional process as it provides an outstanding opportunity for the student to provide input to CNIC on course content, format, materials, student feedback, etc. Please answer all the questions to the best of your ability and comment on the back of the page. They are highly valued and taken very seriously, and read by the chain of command.*

0	→	1	→	2	→	3	→	4	→	5
<b>Not Applicable</b>		<b>Strongly Disagree</b>		<b>Disagree</b>		<b>Neither Agree or Disagree</b>		<b>Agree</b>		<b>Strongly Agree</b>

Course Content (Please comment on specific lessons)		0	1	2	3	4	5
1.	The course met your expectations.						
2.	My time was effectively utilized considering the knowledge I've gained.						
3.	My previous experience and knowledge was adequate for this course.						
4.	The length of the course was sufficient for the material presented.						
5.	The organization of the material was logical and easy to follow.						
6.	The practical applications (exercise/ labs) reinforced what was learned in the lecture.						
7.	The course materials were useful.						

Instructor Presentation		0	1	2	3	4	5
8.	Instructor(s) were prepared for the lesson(s).						
9.	The instructor(s) covered the information effectively.						
10.	Learning objectives were fully explained at the beginning of each lesson						
11.	The instructor(s) were available outside of class to assist with problem areas.						
12.	The instructor(s) provided timely and appropriate feedback.						

Facilities		0	1	2	3	4	5
13.	The physical condition of the classrooms and laboratories was adequate.						
14.	The training aids and equipment were adequate.						
15.	The training facilities were conducive to learning.						
16.	The base facilities and services were adequate.						

## STUDENT INSTRUCTOR FEEDBACK

17. Please provide specific comments on those areas you responded with "2" or lower and what you like on the areas you responded with a "5". List any recommendations for improvement.

---

---

---

---

---

---

18. In your opinion, what is the major strength of this course? Why?

---

---

---

---

---

---

19. In your opinion, what do you feel is the major weakness of this course? Why?

---

---

---

---

---

---

20. Overall rating of your instruction/experience while attending this course?

1      →      2      →      3      →      4      →      5

**Poor**                                  **Satisfactory**                                  **Outstanding**

Additional comments:

---

---

---



**COMMAND FITNESS LEADER COURSE  
OFFICIAL PHYSICAL READINESS TEST**

Name: \_\_\_\_\_ Rank/Rate: \_\_\_\_\_ Today's Date: \_\_\_\_\_

SSN: (Last four only) \_\_\_\_\_ Gender: ☐ Male ☐ Female (**check appropriate block**)

DOB (MM/DD/YYYY): \_\_\_\_\_ Age: \_\_\_\_\_

I will be participating in the: ☐ 1.5 mile run/walk

**GENERAL HEALTH QUESTIONNAIRE**

1. Do you have an updated/current Periodic Health Assessment (PHA)?	<input type="checkbox"/> YES <input type="checkbox"/> NO ( <b>Check One</b> )
2. If you have completed a Physical Assessment Risk Factor Questionnaire (PARFQ), did you answer yes to any of the questions? (With the exception of tobacco use)	<input type="checkbox"/> YES <input type="checkbox"/> NO ( <b>Check One</b> ) (if <b>YES</b> , go to question #3)
3. a. Has a health care provider ever said that you have a heart condition and that you should only do physical activity recommended by a doctor?	<input type="checkbox"/> YES <input type="checkbox"/> NO ( <b>Check One</b> )
b. Do you feel pain in your chest when you do physical activity?	<input type="checkbox"/> YES <input type="checkbox"/> NO ( <b>Check One</b> )
4. In the past month, have you had chest pain when you are NOT doing physical activity?	<input type="checkbox"/> YES <input type="checkbox"/> NO ( <b>Check One</b> )
5. Do you lose your balance because of dizziness or do you ever lose consciousness?	<input type="checkbox"/> YES <input type="checkbox"/> NO ( <b>Check One</b> )
6. Do you have a bone or joint problem that could be made worse by a change in your physical activity?	<input type="checkbox"/> YES <input type="checkbox"/> NO ( <b>Check One</b> )
7. If applicable, is your health care provider currently prescribing drugs, for example, water pills for your blood pressure or heart condition?	<input type="checkbox"/> YES <input type="checkbox"/> NO ( <b>Check One</b> )
8. Have you taken any over-the-counter medications, non-prescribed supplements (other than vitamins), or performance enhancers in the last week?	<input type="checkbox"/> YES <input type="checkbox"/> NO ( <b>Check One</b> )
9. Do you have any other reason why you should not do physical activity?	<input type="checkbox"/> YES <input type="checkbox"/> NO ( <b>Check One</b> )
10. Have you been diagnosed with sickle cell traits?	<input type="checkbox"/> YES <input type="checkbox"/> NO ( <b>Check One</b> )
11. Do you currently have a cold, flu, or other illness, or are you recovering from a cold, flu, or other illness that has occurred since completing the PARFQ?	<input type="checkbox"/> YES <input type="checkbox"/> NO ( <b>Check One</b> )
12. Do you have asthma or bronchitis?	<input type="checkbox"/> YES <input type="checkbox"/> NO ( <b>Check One</b> )
13. Do you think you might be pregnant?	<input type="checkbox"/> YES <input type="checkbox"/> NO ( <b>Check One</b> )
I have answered the questions listed above truthfully and to the best of my knowledge based on my current physical condition	
Signature: _____	Rank/Rate: _____ Today's Date: _____

**PHYSICAL READINESS TESTING RESULTS**

**CURL-UPS:** \_\_\_\_\_ **PUSH-UPS:** \_\_\_\_\_

Observer's Name: \_\_\_\_\_ Observer's Signature: \_\_\_\_\_

---

**COMMAND FITNESS LEADER (CFL) INSTRUCTOR USE ONLY**

---

1.5 Mile Run Time: \_\_\_\_\_ (minutes: seconds)

Overall Score: \_\_\_\_\_ Date: \_\_\_\_\_

**COMMAND FITNESS LEADER COURSE  
PHYSICAL FITNESS ASSESSMENT (PFA):  
BODY COMPOSITION ASSESSMENT (BCA) MEASUREMENTS**

Name: \_\_\_\_\_ Rank/Rate: \_\_\_\_\_ Today's Date: \_\_\_\_\_

SSN: (Last four only) \_\_\_\_\_ Gender: ☐ Male ☐ Female (**check appropriate block**)

DOB (MM/DD/YYYY): \_\_\_\_\_ Age: \_\_\_\_\_

**STEP 1: HEIGHT AND WEIGH MEASUREMENTS**

**Height measurements:** Taken without shoes and rounded up to the nearest ½ inch.

Height: \_\_\_\_\_ inches Weight: \_\_\_\_\_ lbs. Standards: ☐ IN ☐ OUT (**Check One**)

Measured By (print): \_\_\_\_\_ Signature: \_\_\_\_\_

**STEP 2: SINGE-SITE ABDOMINAL CIRCUMFERENCE (AC) MEASUREMENT**

**AC Measurement:** AC measurement landmark is located immediately above the right uppermost hip bone (superior border of the iliac crest) at the side of the body vertically in line with the right armpit (midaxillary line). Member is measured with feet no more than shoulder width apart, looking directly forward with the chin parallel to the floor, but no part of the hands or arms may extend above the shoulders. The CFL conducts measurement by initially moving around the member to place the tape in a horizontal plane around the abdomen. The CFL will ensure tape is parallel to the floor at the level of the landmark (bottom edge of the tape just contacts landmark), is snug, but does not compress the bare skin. Measurement will be taken at the end of the Sailor's normal respiration. Measurement shall be rounded down to the nearest ½ inch. A member will pass the BCA if abdominal circumference is less than or equal to 39.0 inches for males and less than or equal to 35.5 inches for females.

A/C Measurement: \_\_\_\_\_ Standards: ☐ IN ☐ OUT (**Check One**)

**STEP 3: BODY FAT COMPUTATION**

**Neck measurement:** Neck is measured just below the larynx for both **males** and **females**. Member is measured with shoulders down, feet together, hands at their side, and looking straight ahead. Measurement shall be rounded up to the nearest ½ inch.

**Abdominal measurement:** Measured for **males** against the skin at the naval level and parallel to the deck. Arms at sides, feet together, and at the end of normal exhalation. Measurement shall be rounded down to the nearest ½ inch.

**MEN:** Abdomen \_\_\_\_\_ - Neck \_\_\_\_\_ = \_\_\_\_\_ Body Fat % \_\_\_\_\_  
\_\_\_\_\_ - Neck \_\_\_\_\_ = \_\_\_\_\_ Standards: ☐ IN ☐ OUT (**Check One**)  
\_\_\_\_\_ - Neck \_\_\_\_\_ = \_\_\_\_\_

**Waist measurement:** Measured for **females** is at the natural waist, against the skin that is usually halfway between navel and sternum. Several attempts may be required to determine smallest value. Ensure tape is level and parallel to the deck. Arms at sides, feet together, and at the end of a normal exhalation. Measurement shall be rounded down to the nearest ½ inch.

**Hip Measurement:** Measured for **females** over Navy PTU shorts **ONLY**. No shaping garment allowed. Women have the option to be measured in the presence of another female, if requested. Hip location is determined by looking at the person from the side and at the largest area of protrusion of the Gluteus-Maximus. Apply tension to minimize effects of clothing. Measurement shall be rounded down to the nearest ½ inch.

**WOMEN:** Waist \_\_\_\_\_ + Hip \_\_\_\_\_ - Neck \_\_\_\_\_ = \_\_\_\_\_ Body Fat % \_\_\_\_\_  
\_\_\_\_\_ + Hip \_\_\_\_\_ - Neck \_\_\_\_\_ = \_\_\_\_\_ Standards: ☐ IN ☐ OUT (**Check One**)  
\_\_\_\_\_ + Hip \_\_\_\_\_ - Neck \_\_\_\_\_ = \_\_\_\_\_

Measured By (print): \_\_\_\_\_ Signature: \_\_\_\_\_

Observer: \_\_\_\_\_

## Body Composition Assessment Practice Sheet

**Purpose:** To become proficient in performing BCA measurements through hands-on practice, as well as observing taping techniques of other CFLs/ACFLs.

**Directions:** In 2-member teams (CFL and ACFL), measure and record a complete set of BCA measurements on each member in your group. For each set of BCA measurements, tape the member 3 times and compute the average to determine actual body composition. The other members of the team will provide feedback. Continue until every person has completed measurements. Each group should practice taping both genders, which may require taping members from other groups. If there is more than 1" difference on any measurement or a difference of body fat %, repeat the measurements on that member until the team is in agreement.

[illegible]

4. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
(Average) \_\_\_\_\_

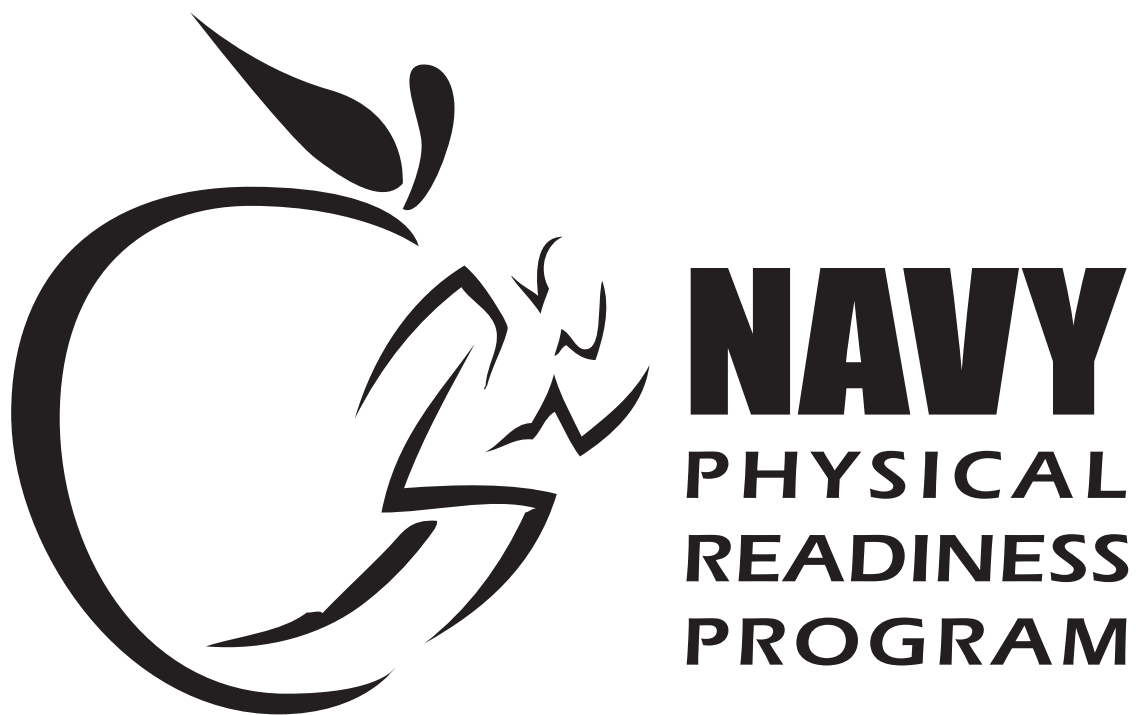
5. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
(Average) \_\_\_\_\_

6. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
(Average) \_\_\_\_\_

7. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
(Average) \_\_\_\_\_

8. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
(Average) \_\_\_\_\_

# **Command Fitness Leader**



**PFA Decision Making Activity  
(Command Tracking Sheets)**

**Medical Review**

<b>Last Name</b>	<b>First Name</b>	<b>PARFQ OK?</b>	<b>PHA Needed?</b>	<b>Medical Waiver?</b>	<b>Type of Waiver?</b>
Anderson	David				
Brown	Elizabeth				
Garcia	Paul				
Jackson	Charles				
Lee	Edward				
Lewis	Steven				
Martin	Christopher				
Moore	Michael				
Smith	Mary				
Thompson	Daniel				
Walker	Brian				

Notes:

**CFL – Team:****Tracking Sheet****BCA Review**

<b>Last Name</b>	<b>First Name</b>	<b>Height &amp; Weight OK?</b>	<b>A/C Measurement OK?</b>	<b>Body Fat %?</b>	<b>BCA Pass?</b>
Anderson	David				
Brown	Elizabeth				
Garcia	Paul				
Jackson	Charles				
Lee	Edward				
Lewis	Steven				
Martin	Christopher				
Moore	Michael				
Smith	Mary				
Thompson	Daniel				
Walker	Brian				

**PRT/PFA Review**

<b>Last Name</b>	<b>First Name</b>	<b>PRT Score?</b>	<b>PFA Pass?</b>	<b>Admin Actions?</b>
Anderson	David			
Brown	Elizabeth			
Garcia	Paul			
Jackson	Charles			
Johnson	Patricia			
Lee	Edward			
Lewis	Steven			
Martin	Christopher			
Moore	Michael			
Smith	Mary			
Thompson	Daniel			
Walker	Brian			



# **Command Fitness Leader**



**NAVY**  
**PHYSICAL**  
**READINESS**  
**PROGRAM**

**PFA Decision Making Activity  
(PARFQ)**

# PFA Decision Making Activity

## Command Roster

Last Name	First Name	Rank	SSN	Gender	Birthdate	PHA Date
Anderson	David	O-2	xxx-xx-0008	M	6/1/1990	6/15/2016
Brown	Elizabeth	E-5	xxx-xx-0021	F	6/1/1985	6/15/2015
Garcia	Paul	E-6	xxx-xx-0017	M	6/1/1975	6/15/2015
Jackson	Charles	E-6	xxx-xx-0010	M	6/1/1980	6/15/2016
Lee	Edward	E-8	xxx-xx-0024	M	6/1/1970	6/15/2016
Lewis	Steven	E-6	xxx-xx-0023	M	6/1/1975	6/15/2016
Martin	Christopher	E-5	xxx-xx-0014	M	6/1/1990	6/15/2016
Moore	Michael	O-4	xxx-xx-0005	M	6/1/1975	6/15/2015
Smith	Mary	O-1	xxx-xx-0001	F	6/1/1995	6/15/2016
Thompson	Daniel	E-6	xxx-xx-0015	M	6/1/1985	6/15/2016
Walker	Brian	E-4	xxx-xx-0025	M	6/1/1995	6/15/2016

## Command PFA Failures

Last Name	First Name	Rank	SSN	BCA Failure	PRT Failure
Martin	Christopher	E-5	xxx-xx-0014	None	Cycle 2, 2014, Cycle 1, 2013
Moore	Michael	O-4	xxx-xx-0005	Cycle 1, 2015	Cycle 1, 2014
Thompson	Daniel	E-6	xxx-xx-0015	None	Cycle 2, 2013

## Command Location

The command is based in Norfolk, VA. The Cycle 2 PFA is scheduled for the first two weeks of October 2016.

# PHYSICAL ACTIVITY RISK FACTOR QUESTIONNAIRE (PARFQ)

**NAVPERS 6110/3 (Rev. 11-2015) PREVIOUS EDITIONS ARE OBSOLETE** Supporting Directive OPNAVINST 6110.1J

## PRIVACY ACT STATEMENT

**AUTHORITY:** 10 U.S.C. 5013. Secretary of the Navy; OPNAVINST 6110.1J, Physical Readiness Program.

**PRIMARY PURPOSE:** The Physical Activity Risk Factor Questionnaire (PARFQ) is a self-screening tool required of all Navy members prior to participating in the semi-annual Physical Fitness Assessment (PFA). The form assists commands and medical personnel in identifying risk factors or changes in a member's health status since the completion of the annual Physical Health Assessment (PHA).

**ROUTINE USES:** Disclosures are permitted under 5 U.S.C. 552a(b), Privacy Act of 1974, as amended.

**DISCLOSURE:** Mandatory. Failure to fully disclose the requested information may inhibit the Navy's ability to properly assess your physical activity risk factors and may subject you to administrative actions.

<p>1. Do any of the following apply to you? <b>(For Females Only)</b></p> <ul style="list-style-type: none"> <li>- You are pregnant, or have reason to believe you could be pregnant.</li> <li>- You were pregnant and/or gave birth within the past 6 months.</li> <li>- You miscarried or gave birth to a live or stillborn child(ren) within the past 6 months.</li> <li>- You are currently undergoing in vitro fertilization (IVF) treatment, or have undergone IVF within the past 6 months.</li> </ul> <p>NOTE: If you answer "Yes" to any of the above you are <b>NOT authorized to participate in the Physical Fitness Assessment (PFA) this cycle</b>. Obtain a NAVMED 6000/10 from your Health Care Provider (HCP). If you answer "No", proceed to question 2.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>2. Did you fully participate in the last PFA cycle? (i.e., BCA, curl-ups, push-ups, cardio)</p> <p>NOTE: If "Yes", proceed to question 4. If "No", (i.e., medical waiver for all or part of PRT), proceed to question 3.</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<p>3. For the same reason(s) you were medically waived in question 2 above, are you requesting a medical waiver for this PFA cycle? NOTE: If "Yes", <b>STOP</b>. Print PARFQ and schedule a medical appointment with primary HCP. If "No", (i.e., not requesting a medical waiver), proceed to question 4.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>4. Is your Periodic Health Assessment (PHA) out of date (i.e., more than one year has elapsed since your last PHA)?</p> <p>NOTE: If "Yes", <b>STOP</b>. Print this PARFQ. Schedule a medical appointment with primary HCP and take this PARFQ to the medical appointment. <b>PRT is NOT authorized until you complete the PHA</b>. If "No", proceed to question 5.</p>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<p>5. Have you experienced any of the following symptoms/problems since the last PFA cycle that were NOT evaluated by a health care provider?</p> <ul style="list-style-type: none"> <li>- Unexplained chest discomfort.</li> <li>- Unusual or unexplained shortness of breath.</li> <li>- Dizziness, fainting, or blackouts associated with exertion.</li> <li>- Other medical issues (including bone and joint problems) that would keep you from safely participating in the PRT.</li> </ul> <p>NOTE: If "Yes", <b>STOP</b>. Print PARFQ. Schedule a medical appointment with primary HCP to obtain a medical evaluation prior to the PRT. Authorized Medical Department Representative (AMDR)/HCP will endorse PARFQ after a health determination is confirmed. If "No", proceed to question 6.</p>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<p>6. Does either of the following apply to you?</p> <ul style="list-style-type: none"> <li>- Age 35 or older.</li> <li>- A family history of sudden death before the age of 50.</li> </ul> <p>NOTE: If "Yes", proceed to question 7. If "No", <b>STOP</b>. Print and Sign PARFQ. You may take the PRT.</p>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<p>7. Have you been physically INACTIVE?</p> <p>"Inactive" means participating in less than 30 minutes of vigorous activity per session, 3 days per week over the last 3 months.</p> <p>"Vigorous activity" is defined as sweating and moderate to heavy increases in breathing and heart rate.</p> <p>NOTE: If "Yes", proceed to question 8. If "No", <b>STOP</b>. Print and Sign PARFQ. You may take the PRT.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>8. Does one (1) or more of the following apply to you?</p> <ul style="list-style-type: none"> <li>- Used any tobacco products in the last 30 days.</li> <li>- Diabetes.</li> <li>- High Blood Pressure that is not controlled.</li> <li>- Family history of heart disease at any age.</li> <li>- You are male and over 45 years of age OR you are female and over 55 years of age.</li> </ul> <p>NOTE: If "Yes", <b>STOP</b>. Save, Print, and Sign PARFQ. AMDR/HCP must review your current PHA before you may take the PRT. If "No", Print and Sign PARFQ. You may take the PRT.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No

Member Name (Last, First, MI): Anderson, David	PARFQ Date: Sep 5, 2016	Date of Birth: June 1, 1990	Date of Last PHA: June 15, 2016	Member Signature (CAC Digital Signature Optional):
---	----------------------------	--------------------------------	------------------------------------	--

## PRT PARTICIPATION STATUS

<input type="checkbox"/> Member Cleared Waiver <b>NOT</b> Required	<input type="checkbox"/> Member Cleared Waiver Required	<input type="checkbox"/> Member <b>NOT</b> Cleared Waiver Required
HCP/AMDR Name (Print):	HCP/AMDR Signature:	Date:

**FOR OFFICIAL USE ONLY**  
**PRIVACY SENSITIVE**

# PHYSICAL ACTIVITY RISK FACTOR QUESTIONNAIRE (PARFQ)

**NAVPERS 6110/3 (Rev. 11-2015) PREVIOUS EDITIONS ARE OBSOLETE** Supporting Directive OPNAVINST 6110.1J

## PRIVACY ACT STATEMENT

**AUTHORITY:** 10 U.S.C. 5013. Secretary of the Navy; OPNAVINST 6110.1J, Physical Readiness Program.

**PRIMARY PURPOSE:** The Physical Activity Risk Factor Questionnaire (PARFQ) is a self-screening tool required of all Navy members prior to participating in the semi-annual Physical Fitness Assessment (PFA). The form assists commands and medical personnel in identifying risk factors or changes in a member's health status since the completion of the annual Physical Health Assessment (PHA).

**ROUTINE USES:** Disclosures are permitted under 5 U.S.C. 552a(b), Privacy Act of 1974, as amended.

**DISCLOSURE:** Mandatory. Failure to fully disclose the requested information may inhibit the Navy's ability to properly assess your physical activity risk factors and may subject you to administrative actions.

<p>1. Do any of the following apply to you? <b>(For Females Only)</b></p> <ul style="list-style-type: none"> <li>- You are pregnant, or have reason to believe you could be pregnant.</li> <li>- You were pregnant and/or gave birth within the past 6 months.</li> <li>- You miscarried or gave birth to a live or stillborn child(ren) within the past 6 months.</li> <li>- You are currently undergoing in vitro fertilization (IVF) treatment, or have undergone IVF within the past 6 months.</li> </ul> <p>NOTE: If you answer "Yes" to any of the above you are <b>NOT authorized to participate in the Physical Fitness Assessment (PFA) this cycle</b>. Obtain a NAVMED 6000/10 from your Health Care Provider (HCP). If you answer "No", proceed to question 2.</p>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<p>2. Did you fully participate in the last PFA cycle? (i.e., BCA, curl-ups, push-ups, cardio)</p> <p>NOTE: If "Yes", proceed to question 4. If "No", (i.e., medical waiver for all or part of PRT), proceed to question 3.</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<p>3. For the same reason(s) you were medically waived in question 2 above, are you requesting a medical waiver for this PFA cycle? NOTE: If "Yes", <b>STOP</b>. Print PARFQ and schedule a medical appointment with primary HCP. If "No", (i.e., not requesting a medical waiver), proceed to question 4.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>4. Is your Periodic Health Assessment (PHA) out of date (i.e., more than one year has elapsed since your last PHA)?</p> <p>NOTE: If "Yes", <b>STOP</b>. Print this PARFQ. Schedule a medical appointment with primary HCP and take this PARFQ to the medical appointment. <b>PRT is NOT authorized until you complete the PHA</b>. If "No", proceed to question 5.</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<p>5. Have you experienced any of the following symptoms/problems since the last PFA cycle that were NOT evaluated by a health care provider?</p> <ul style="list-style-type: none"> <li>- Unexplained chest discomfort.</li> <li>- Unusual or unexplained shortness of breath.</li> <li>- Dizziness, fainting, or blackouts associated with exertion.</li> <li>- Other medical issues (including bone and joint problems) that would keep you from safely participating in the PRT.</li> </ul> <p>NOTE: If "Yes", <b>STOP</b>. Print PARFQ. Schedule a medical appointment with primary HCP to obtain a medical evaluation prior to the PRT. Authorized Medical Department Representative (AMDR)/HCP will endorse PARFQ after a health determination is confirmed. If "No", proceed to question 6.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>6. Does either of the following apply to you?</p> <ul style="list-style-type: none"> <li>- Age 35 or older.</li> <li>- A family history of sudden death before the age of 50.</li> </ul> <p>NOTE: If "Yes", proceed to question 7. If "No", <b>STOP</b>. Print and Sign PARFQ. You may take the PRT.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>7. Have you been physically INACTIVE?</p> <p>"Inactive" means participating in less than 30 minutes of vigorous activity per session, 3 days per week over the last 3 months.</p> <p>"Vigorous activity" is defined as sweating and moderate to heavy increases in breathing and heart rate.</p> <p>NOTE: If "Yes", proceed to question 8. If "No", <b>STOP</b>. Print and Sign PARFQ. You may take the PRT.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>8. Does one (1) or more of the following apply to you?</p> <ul style="list-style-type: none"> <li>- Used any tobacco products in the last 30 days.</li> <li>- Diabetes.</li> <li>- High Blood Pressure that is not controlled.</li> <li>- Family history of heart disease at any age.</li> <li>- You are male and over 45 years of age OR you are female and over 55 years of age.</li> </ul> <p>NOTE: If "Yes", <b>STOP</b>. Save, Print, and Sign PARFQ. AMDR/HCP must review your current PHA before you may take the PRT. If "No", Print and Sign PARFQ. You may take the PRT.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No

Member Name (Last, First, MI):	PARFQ Date:	Date of Birth:	Date of Last PHA:	Member Signature (CAC Digital Signature Optional):
Brown, Elizabeth	Aug 15, 2016	Jun 1, 1985	Jun 15, 2015	

## PRT PARTICIPATION STATUS

<input type="checkbox"/> Member Cleared Waiver <b>NOT</b> Required	<input type="checkbox"/> Member Cleared Waiver Required	<input type="checkbox"/> Member <b>NOT</b> Cleared Waiver Required
HCP/AMDR Name (Print):	HCP/AMDR Signature:	Date:

**FOR OFFICIAL USE ONLY**  
**PRIVACY SENSITIVE**

# PHYSICAL ACTIVITY RISK FACTOR QUESTIONNAIRE (PARFQ)

**NAVPERS 6110/3 (Rev. 11-2015) PREVIOUS EDITIONS ARE OBSOLETE** Supporting Directive OPNAVINST 6110.1J

## PRIVACY ACT STATEMENT

**AUTHORITY:** 10 U.S.C. 5013. Secretary of the Navy; OPNAVINST 6110.1J, Physical Readiness Program.

**PRIMARY PURPOSE:** The Physical Activity Risk Factor Questionnaire (PARFQ) is a self-screening tool required of all Navy members prior to participating in the semi-annual Physical Fitness Assessment (PFA). The form assists commands and medical personnel in identifying risk factors or changes in a member's health status since the completion of the annual Physical Health Assessment (PHA).

**ROUTINE USES:** Disclosures are permitted under 5 U.S.C. 552a(b), Privacy Act of 1974, as amended.

**DISCLOSURE:** Mandatory. Failure to fully disclose the requested information may inhibit the Navy's ability to properly assess your physical activity risk factors and may subject you to administrative actions.

<p>1. Do any of the following apply to you? <b>(For Females Only)</b></p> <ul style="list-style-type: none"> <li>- You are pregnant, or have reason to believe you could be pregnant.</li> <li>- You were pregnant and/or gave birth within the past 6 months.</li> <li>- You miscarried or gave birth to a live or stillborn child(ren) within the past 6 months.</li> <li>- You are currently undergoing in vitro fertilization (IVF) treatment, or have undergone IVF within the past 6 months.</li> </ul> <p>NOTE: If you answer "Yes" to any of the above you are <b>NOT authorized to participate in the Physical Fitness Assessment (PFA) this cycle</b>. Obtain a NAVMED 6000/10 from your Health Care Provider (HCP). If you answer "No", proceed to question 2.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>2. Did you fully participate in the last PFA cycle? (i.e., BCA, curl-ups, push-ups, cardio)</p> <p>NOTE: If "Yes", proceed to question 4. If "No", (i.e., medical waiver for all or part of PRT), proceed to question 3.</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<p>3. For the same reason(s) you were medically waived in question 2 above, are you requesting a medical waiver for this PFA cycle? NOTE: If "Yes", <b>STOP</b>. Print PARFQ and schedule a medical appointment with primary HCP. If "No", (i.e., not requesting a medical waiver), proceed to question 4.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>4. Is your Periodic Health Assessment (PHA) out of date (i.e., more than one year has elapsed since your last PHA)?</p> <p>NOTE: If "Yes", <b>STOP</b>. Print this PARFQ. Schedule a medical appointment with primary HCP and take this PARFQ to the medical appointment. <b>PRT is NOT authorized until you complete the PHA</b>. If "No", proceed to question 5.</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<p>5. Have you experienced any of the following symptoms/problems since the last PFA cycle that were NOT evaluated by a health care provider?</p> <ul style="list-style-type: none"> <li>- Unexplained chest discomfort.</li> <li>- Unusual or unexplained shortness of breath.</li> <li>- Dizziness, fainting, or blackouts associated with exertion.</li> <li>- Other medical issues (including bone and joint problems) that would keep you from safely participating in the PRT.</li> </ul> <p>NOTE: If "Yes", <b>STOP</b>. Print PARFQ. Schedule a medical appointment with primary HCP to obtain a medical evaluation prior to the PRT. Authorized Medical Department Representative (AMDR)/HCP will endorse PARFQ after a health determination is confirmed. If "No", proceed to question 6.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>6. Does either of the following apply to you?</p> <ul style="list-style-type: none"> <li>- Age 35 or older.</li> <li>- A family history of sudden death before the age of 50.</li> </ul> <p>NOTE: If "Yes", proceed to question 7. If "No", <b>STOP</b>. Print and Sign PARFQ. You may take the PRT.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>7. Have you been physically INACTIVE?</p> <p>"Inactive" means participating in less than 30 minutes of vigorous activity per session, 3 days per week over the last 3 months.</p> <p>"Vigorous activity" is defined as sweating and moderate to heavy increases in breathing and heart rate.</p> <p>NOTE: If "Yes", proceed to question 8. If "No", <b>STOP</b>. Print and Sign PARFQ. You may take the PRT.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>8. Does one (1) or more of the following apply to you?</p> <ul style="list-style-type: none"> <li>- Used any tobacco products in the last 30 days.</li> <li>- Diabetes.</li> <li>- High Blood Pressure that is not controlled.</li> <li>- Family history of heart disease at any age.</li> <li>- You are male and over 45 years of age OR you are female and over 55 years of age.</li> </ul> <p>NOTE: If "Yes", <b>STOP</b>. Save, Print, and Sign PARFQ. AMDR/HCP must review your current PHA before you may take the PRT. If "No", Print and Sign PARFQ. You may take the PRT.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No

Member Name (Last, First, MI):	PARFQ Date:	Date of Birth:	Date of Last PHA:	Member Signature (CAC Digital Signature Optional):
Gracia, Paul	Aug 15, 2016	Jun 1, 1975	Jun 15, 2015	

## PRT PARTICIPATION STATUS

<input type="checkbox"/> Member Cleared Waiver <b>NOT</b> Required	<input type="checkbox"/> Member Cleared Waiver Required	<input type="checkbox"/> Member <b>NOT</b> Cleared Waiver Required
HCP/AMDR Name (Print):	HCP/AMDR Signature:	Date:

**FOR OFFICIAL USE ONLY**  
**PRIVACY SENSITIVE**

# PHYSICAL ACTIVITY RISK FACTOR QUESTIONNAIRE (PARFQ)

**NAVPERS 6110/3 (Rev. 11-2015) PREVIOUS EDITIONS ARE OBSOLETE** Supporting Directive OPNAVINST 6110.1J

## PRIVACY ACT STATEMENT

**AUTHORITY:** 10 U.S.C. 5013. Secretary of the Navy; OPNAVINST 6110.1J, Physical Readiness Program.

**PRIMARY PURPOSE:** The Physical Activity Risk Factor Questionnaire (PARFQ) is a self-screening tool required of all Navy members prior to participating in the semi-annual Physical Fitness Assessment (PFA). The form assists commands and medical personnel in identifying risk factors or changes in a member's health status since the completion of the annual Physical Health Assessment (PHA).

**ROUTINE USES:** Disclosures are permitted under 5 U.S.C. 552a(b), Privacy Act of 1974, as amended.

**DISCLOSURE:** Mandatory. Failure to fully disclose the requested information may inhibit the Navy's ability to properly assess your physical activity risk factors and may subject you to administrative actions.

<p>1. Do any of the following apply to you? <b>(For Females Only)</b></p> <ul style="list-style-type: none"> <li>- You are pregnant, or have reason to believe you could be pregnant.</li> <li>- You were pregnant and/or gave birth within the past 6 months.</li> <li>- You miscarried or gave birth to a live or stillborn child(ren) within the past 6 months.</li> <li>- You are currently undergoing in vitro fertilization (IVF) treatment, or have undergone IVF within the past 6 months.</li> </ul> <p>NOTE: If you answer "Yes" to any of the above you are <b>NOT authorized to participate in the Physical Fitness Assessment (PFA) this cycle</b>. Obtain a NAVMED 6000/10 from your Health Care Provider (HCP). If you answer "No", proceed to question 2.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>2. Did you fully participate in the last PFA cycle? (i.e., BCA, curl-ups, push-ups, cardio)</p> <p>NOTE: If "Yes", proceed to question 4. If "No", (i.e., medical waiver for all or part of PRT), proceed to question 3.</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<p>3. For the same reason(s) you were medically waived in question 2 above, are you requesting a medical waiver for this PFA cycle? NOTE: If "Yes", <b>STOP</b>. Print PARFQ and schedule a medical appointment with primary HCP. If "No", (i.e., not requesting a medical waiver), proceed to question 4.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>4. Is your Periodic Health Assessment (PHA) out of date (i.e., more than one year has elapsed since your last PHA)?</p> <p>NOTE: If "Yes", <b>STOP</b>. Print this PARFQ. Schedule a medical appointment with primary HCP and take this PARFQ to the medical appointment. <b>PRT is NOT authorized until you complete the PHA</b>. If "No", proceed to question 5.</p>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<p>5. Have you experienced any of the following symptoms/problems since the last PFA cycle that were NOT evaluated by a health care provider?</p> <ul style="list-style-type: none"> <li>- Unexplained chest discomfort.</li> <li>- Unusual or unexplained shortness of breath.</li> <li>- Dizziness, fainting, or blackouts associated with exertion.</li> <li>- Other medical issues (including bone and joint problems) that would keep you from safely participating in the PRT.</li> </ul> <p>NOTE: If "Yes", <b>STOP</b>. Print PARFQ. Schedule a medical appointment with primary HCP to obtain a medical evaluation prior to the PRT. Authorized Medical Department Representative (AMDR)/HCP will endorse PARFQ after a health determination is confirmed. If "No", proceed to question 6.</p>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<p>6. Does either of the following apply to you?</p> <ul style="list-style-type: none"> <li>- Age 35 or older.</li> <li>- A family history of sudden death before the age of 50.</li> </ul> <p>NOTE: If "Yes", proceed to question 7. If "No", <b>STOP</b>. Print and Sign PARFQ. You may take the PRT.</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<p>7. Have you been physically INACTIVE?</p> <p>"Inactive" means participating in less than 30 minutes of vigorous activity per session, 3 days per week over the last 3 months.</p> <p>"Vigorous activity" is defined as sweating and moderate to heavy increases in breathing and heart rate.</p> <p>NOTE: If "Yes", proceed to question 8. If "No", <b>STOP</b>. Print and Sign PARFQ. You may take the PRT.</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<p>8. Does one (1) or more of the following apply to you?</p> <ul style="list-style-type: none"> <li>- Used any tobacco products in the last 30 days.</li> <li>- Diabetes.</li> <li>- High Blood Pressure that is not controlled.</li> <li>- Family history of heart disease at any age.</li> <li>- You are male and over 45 years of age OR you are female and over 55 years of age.</li> </ul> <p>NOTE: If "Yes", <b>STOP</b>. Save, Print, and Sign PARFQ. AMDR/HCP must review your current PHA before you may take the PRT. If "No", Print and Sign PARFQ. You may take the PRT.</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Member Name (Last, First, MI): Jackson, Charles	PARFQ Date: Aug 15, 2016	Date of Birth: Jun 1, 1980	Date of Last PHA: Jun 15, 2016	Member Signature (CAC Digital Signature Optional):
--	-----------------------------	-------------------------------	-----------------------------------	--

## PRT PARTICIPATION STATUS

<input type="checkbox"/> Member Cleared Waiver <b>NOT</b> Required	<input type="checkbox"/> Member Cleared Waiver Required	<input type="checkbox"/> Member <b>NOT</b> Cleared Waiver Required
HCP/AMDR Name (Print):	HCP/AMDR Signature:	Date:

**FOR OFFICIAL USE ONLY**  
**PRIVACY SENSITIVE**

# PHYSICAL ACTIVITY RISK FACTOR QUESTIONNAIRE (PARFQ)

**NAVPERS 6110/3 (Rev. 11-2015) PREVIOUS EDITIONS ARE OBSOLETE** Supporting Directive OPNAVINST 6110.1J

## PRIVACY ACT STATEMENT

**AUTHORITY:** 10 U.S.C. 5013. Secretary of the Navy; OPNAVINST 6110.1J, Physical Readiness Program.

**PRIMARY PURPOSE:** The Physical Activity Risk Factor Questionnaire (PARFQ) is a self-screening tool required of all Navy members prior to participating in the semi-annual Physical Fitness Assessment (PFA). The form assists commands and medical personnel in identifying risk factors or changes in a member's health status since the completion of the annual Physical Health Assessment (PHA).

**ROUTINE USES:** Disclosures are permitted under 5 U.S.C. 552a(b), Privacy Act of 1974, as amended.

**DISCLOSURE:** Mandatory. Failure to fully disclose the requested information may inhibit the Navy's ability to properly assess your physical activity risk factors and may subject you to administrative actions.

<p>1. Do any of the following apply to you? <b>(For Females Only)</b></p> <ul style="list-style-type: none"> <li>- You are pregnant, or have reason to believe you could be pregnant.</li> <li>- You were pregnant and/or gave birth within the past 6 months.</li> <li>- You miscarried or gave birth to a live or stillborn child(ren) within the past 6 months.</li> <li>- You are currently undergoing in vitro fertilization (IVF) treatment, or have undergone IVF within the past 6 months.</li> </ul> <p>NOTE: If you answer "Yes" to any of the above you are <b>NOT authorized to participate in the Physical Fitness Assessment (PFA) this cycle</b>. Obtain a NAVMED 6000/10 from your Health Care Provider (HCP). If you answer "No", proceed to question 2.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>2. Did you fully participate in the last PFA cycle? (i.e., BCA, curl-ups, push-ups, cardio)</p> <p>NOTE: If "Yes", proceed to question 4. If "No", (i.e., medical waiver for all or part of PRT), proceed to question 3.</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<p>3. For the same reason(s) you were medically waived in question 2 above, are you requesting a medical waiver for this PFA cycle? NOTE: If "Yes", <b>STOP</b>. Print PARFQ and schedule a medical appointment with primary HCP. If "No", (i.e., not requesting a medical waiver), proceed to question 4.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>4. Is your Periodic Health Assessment (PHA) out of date (i.e., more than one year has elapsed since your last PHA)?</p> <p>NOTE: If "Yes", <b>STOP</b>. Print this PARFQ. Schedule a medical appointment with primary HCP and take this PARFQ to the medical appointment. <b>PRT is NOT authorized until you complete the PHA</b>. If "No", proceed to question 5.</p>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<p>5. Have you experienced any of the following symptoms/problems since the last PFA cycle that were NOT evaluated by a health care provider?</p> <ul style="list-style-type: none"> <li>- Unexplained chest discomfort.</li> <li>- Unusual or unexplained shortness of breath.</li> <li>- Dizziness, fainting, or blackouts associated with exertion.</li> <li>- Other medical issues (including bone and joint problems) that would keep you from safely participating in the PRT.</li> </ul> <p>NOTE: If "Yes", <b>STOP</b>. Print PARFQ. Schedule a medical appointment with primary HCP to obtain a medical evaluation prior to the PRT. Authorized Medical Department Representative (AMDR)/HCP will endorse PARFQ after a health determination is confirmed. If "No", proceed to question 6.</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<p>6. Does either of the following apply to you?</p> <ul style="list-style-type: none"> <li>- Age 35 or older.</li> <li>- A family history of sudden death before the age of 50.</li> </ul> <p>NOTE: If "Yes", proceed to question 7. If "No", <b>STOP</b>. Print and Sign PARFQ. You may take the PRT.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>7. Have you been physically INACTIVE?</p> <p>"Inactive" means participating in less than 30 minutes of vigorous activity per session, 3 days per week over the last 3 months.</p> <p>"Vigorous activity" is defined as sweating and moderate to heavy increases in breathing and heart rate.</p> <p>NOTE: If "Yes", proceed to question 8. If "No", <b>STOP</b>. Print and Sign PARFQ. You may take the PRT.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>8. Does one (1) or more of the following apply to you?</p> <ul style="list-style-type: none"> <li>- Used any tobacco products in the last 30 days.</li> <li>- Diabetes.</li> <li>- High Blood Pressure that is not controlled.</li> <li>- Family history of heart disease at any age.</li> <li>- You are male and over 45 years of age OR you are female and over 55 years of age.</li> </ul> <p>NOTE: If "Yes", <b>STOP</b>. Save, Print, and Sign PARFQ. AMDR/HCP must review your current PHA before you may take the PRT. If "No", Print and Sign PARFQ. You may take the PRT.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No

Member Name (Last, First, MI): Lee Edward	PARFQ Date: Aug 15, 2016	Date of Birth: Jun 1, 1970	Date of Last PHA: Jun 15, 2016	Member Signature (CAC Digital Signature Optional):
--	-----------------------------	-------------------------------	-----------------------------------	--

## PRT PARTICIPATION STATUS

<input type="checkbox"/> Member Cleared Waiver <b>NOT</b> Required	<input type="checkbox"/> Member Cleared Waiver Required	<input type="checkbox"/> Member <b>NOT</b> Cleared Waiver Required
HCP/AMDR Name (Print):	HCP/AMDR Signature:	Date:

**FOR OFFICIAL USE ONLY**  
**PRIVACY SENSITIVE**



# PHYSICAL ACTIVITY RISK FACTOR QUESTIONNAIRE (PARFQ)

**NAVPERS 6110/3 (Rev. 11-2015) PREVIOUS EDITIONS ARE OBSOLETE** Supporting Directive OPNAVINST 6110.1J

## PRIVACY ACT STATEMENT

**AUTHORITY:** 10 U.S.C. 5013. Secretary of the Navy; OPNAVINST 6110.1J, Physical Readiness Program.

**PRIMARY PURPOSE:** The Physical Activity Risk Factor Questionnaire (PARFQ) is a self-screening tool required of all Navy members prior to participating in the semi-annual Physical Fitness Assessment (PFA). The form assists commands and medical personnel in identifying risk factors or changes in a member's health status since the completion of the annual Physical Health Assessment (PHA).

**ROUTINE USES:** Disclosures are permitted under 5 U.S.C. 552a(b), Privacy Act of 1974, as amended.

**DISCLOSURE:** Mandatory. Failure to fully disclose the requested information may inhibit the Navy's ability to properly assess your physical activity risk factors and may subject you to administrative actions.

<p>1. Do any of the following apply to you? <b>(For Females Only)</b></p> <ul style="list-style-type: none"> <li>- You are pregnant, or have reason to believe you could be pregnant.</li> <li>- You were pregnant and/or gave birth within the past 6 months.</li> <li>- You miscarried or gave birth to a live or stillborn child(ren) within the past 6 months.</li> <li>- You are currently undergoing in vitro fertilization (IVF) treatment, or have undergone IVF within the past 6 months.</li> </ul> <p>NOTE: If you answer "Yes" to any of the above you are <b>NOT authorized to participate in the Physical Fitness Assessment (PFA) this cycle</b>. Obtain a NAVMED 6000/10 from your Health Care Provider (HCP). If you answer "No", proceed to question 2.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>2. Did you fully participate in the last PFA cycle? (i.e., BCA, curl-ups, push-ups, cardio)</p> <p>NOTE: If "Yes", proceed to question 4. If "No", (i.e., medical waiver for all or part of PRT), proceed to question 3.</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<p>3. For the same reason(s) you were medically waived in question 2 above, are you requesting a medical waiver for this PFA cycle? NOTE: If "Yes", <b>STOP</b>. Print PARFQ and schedule a medical appointment with primary HCP. If "No", (i.e., not requesting a medical waiver), proceed to question 4.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>4. Is your Periodic Health Assessment (PHA) out of date (i.e., more than one year has elapsed since your last PHA)?</p> <p>NOTE: If "Yes", <b>STOP</b>. Print this PARFQ. Schedule a medical appointment with primary HCP and take this PARFQ to the medical appointment. <b>PRT is NOT authorized until you complete the PHA</b>. If "No", proceed to question 5.</p>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<p>5. Have you experienced any of the following symptoms/problems since the last PFA cycle that were NOT evaluated by a health care provider?</p> <ul style="list-style-type: none"> <li>- Unexplained chest discomfort.</li> <li>- Unusual or unexplained shortness of breath.</li> <li>- Dizziness, fainting, or blackouts associated with exertion.</li> <li>- Other medical issues (including bone and joint problems) that would keep you from safely participating in the PRT.</li> </ul> <p>NOTE: If "Yes", <b>STOP</b>. Print PARFQ. Schedule a medical appointment with primary HCP to obtain a medical evaluation prior to the PRT. Authorized Medical Department Representative (AMDR)/HCP will endorse PARFQ after a health determination is confirmed. If "No", proceed to question 6.</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<p>6. Does either of the following apply to you?</p> <ul style="list-style-type: none"> <li>- Age 35 or older.</li> <li>- A family history of sudden death before the age of 50.</li> </ul> <p>NOTE: If "Yes", proceed to question 7. If "No", <b>STOP</b>. Print and Sign PARFQ. You may take the PRT.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>7. Have you been physically INACTIVE?</p> <p>"Inactive" means participating in less than 30 minutes of vigorous activity per session, 3 days per week over the last 3 months.</p> <p>"Vigorous activity" is defined as sweating and moderate to heavy increases in breathing and heart rate.</p> <p>NOTE: If "Yes", proceed to question 8. If "No", <b>STOP</b>. Print and Sign PARFQ. You may take the PRT.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>8. Does one (1) or more of the following apply to you?</p> <ul style="list-style-type: none"> <li>- Used any tobacco products in the last 30 days.</li> <li>- Diabetes.</li> <li>- High Blood Pressure that is not controlled.</li> <li>- Family history of heart disease at any age.</li> <li>- You are male and over 45 years of age OR you are female and over 55 years of age.</li> </ul> <p>NOTE: If "Yes", <b>STOP</b>. Save, Print, and Sign PARFQ. AMDR/HCP must review your current PHA before you may take the PRT. If "No", Print and Sign PARFQ. You may take the PRT.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No

Member Name (Last, First, MI):	PARFQ Date:	Date of Birth:	Date of Last PHA:	Member Signature (CAC Digital Signature Optional):
Lewis, Steven	Aug 17, 2016	Jun 1, 1975	Jun 15, 2016	

## PRT PARTICIPATION STATUS

<input type="checkbox"/> Member Cleared Waiver <b>NOT</b> Required	<input type="checkbox"/> Member Cleared Waiver Required	<input type="checkbox"/> Member <b>NOT</b> Cleared Waiver Required
HCP/AMDR Name (Print):	HCP/AMDR Signature:	Date:

**FOR OFFICIAL USE ONLY**  
**PRIVACY SENSITIVE**



# PHYSICAL ACTIVITY RISK FACTOR QUESTIONNAIRE (PARFQ)

**NAVPERS 6110/3 (Rev. 11-2015) PREVIOUS EDITIONS ARE OBSOLETE** Supporting Directive OPNAVINST 6110.1J

## PRIVACY ACT STATEMENT

**AUTHORITY:** 10 U.S.C. 5013. Secretary of the Navy; OPNAVINST 6110.1J, Physical Readiness Program.

**PRIMARY PURPOSE:** The Physical Activity Risk Factor Questionnaire (PARFQ) is a self-screening tool required of all Navy members prior to participating in the semi-annual Physical Fitness Assessment (PFA). The form assists commands and medical personnel in identifying risk factors or changes in a member's health status since the completion of the annual Physical Health Assessment (PHA).

**ROUTINE USES:** Disclosures are permitted under 5 U.S.C. 552a(b), Privacy Act of 1974, as amended.

**DISCLOSURE:** Mandatory. Failure to fully disclose the requested information may inhibit the Navy's ability to properly assess your physical activity risk factors and may subject you to administrative actions.

<p>1. Do any of the following apply to you? <b>(For Females Only)</b></p> <ul style="list-style-type: none"> <li>- You are pregnant, or have reason to believe you could be pregnant.</li> <li>- You were pregnant and/or gave birth within the past 6 months.</li> <li>- You miscarried or gave birth to a live or stillborn child(ren) within the past 6 months.</li> <li>- You are currently undergoing in vitro fertilization (IVF) treatment, or have undergone IVF within the past 6 months.</li> </ul> <p>NOTE: If you answer "Yes" to any of the above you are <b>NOT authorized to participate in the Physical Fitness Assessment (PFA) this cycle</b>. Obtain a NAVMED 6000/10 from your Health Care Provider (HCP). If you answer "No", proceed to question 2.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>2. Did you fully participate in the last PFA cycle? (i.e., BCA, curl-ups, push-ups, cardio)</p> <p>NOTE: If "Yes", proceed to question 4. If "No", (i.e., medical waiver for all or part of PRT), proceed to question 3.</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<p>3. For the same reason(s) you were medically waived in question 2 above, are you requesting a medical waiver for this PFA cycle? NOTE: If "Yes", <b>STOP</b>. Print PARFQ and schedule a medical appointment with primary HCP. If "No", (i.e., not requesting a medical waiver), proceed to question 4.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>4. Is your Periodic Health Assessment (PHA) out of date (i.e., more than one year has elapsed since your last PHA)?</p> <p>NOTE: If "Yes", <b>STOP</b>. Print this PARFQ. Schedule a medical appointment with primary HCP and take this PARFQ to the medical appointment. <b>PRT is NOT authorized until you complete the PHA</b>. If "No", proceed to question 5.</p>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<p>5. Have you experienced any of the following symptoms/problems since the last PFA cycle that were NOT evaluated by a health care provider?</p> <ul style="list-style-type: none"> <li>- Unexplained chest discomfort.</li> <li>- Unusual or unexplained shortness of breath.</li> <li>- Dizziness, fainting, or blackouts associated with exertion.</li> <li>- Other medical issues (including bone and joint problems) that would keep you from safely participating in the PRT.</li> </ul> <p>NOTE: If "Yes", <b>STOP</b>. Print PARFQ. Schedule a medical appointment with primary HCP to obtain a medical evaluation prior to the PRT. Authorized Medical Department Representative (AMDR)/HCP will endorse PARFQ after a health determination is confirmed. If "No", proceed to question 6.</p>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<p>6. Does either of the following apply to you?</p> <ul style="list-style-type: none"> <li>- Age 35 or older.</li> <li>- A family history of sudden death before the age of 50.</li> </ul> <p>NOTE: If "Yes", proceed to question 7. If "No", <b>STOP</b>. Print and Sign PARFQ. You may take the PRT.</p>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<p>7. Have you been physically INACTIVE?</p> <p>"Inactive" means participating in less than 30 minutes of vigorous activity per session, 3 days per week over the last 3 months.</p> <p>"Vigorous activity" is defined as sweating and moderate to heavy increases in breathing and heart rate.</p> <p>NOTE: If "Yes", proceed to question 8. If "No", <b>STOP</b>. Print and Sign PARFQ. You may take the PRT.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>8. Does one (1) or more of the following apply to you?</p> <ul style="list-style-type: none"> <li>- Used any tobacco products in the last 30 days.</li> <li>- Diabetes.</li> <li>- High Blood Pressure that is not controlled.</li> <li>- Family history of heart disease at any age.</li> <li>- You are male and over 45 years of age OR you are female and over 55 years of age.</li> </ul> <p>NOTE: If "Yes", <b>STOP</b>. Save, Print, and Sign PARFQ. AMDR/HCP must review your current PHA before you may take the PRT. If "No", Print and Sign PARFQ. You may take the PRT.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No

Member Name (Last, First, MI):	PARFQ Date:	Date of Birth:	Date of Last PHA:	Member Signature (CAC Digital Signature Optional):
Martin, Christopher	Aug 11, 2016	Jun 1, 1990	Jun 15, 2016	

## PRT PARTICIPATION STATUS

☐ Member Cleared  
Waiver **NOT** Required

☐ Member Cleared  
Waiver Required

☐ Member **NOT** Cleared  
Waiver Required

HCP/AMDR Name (Print):	HCP/AMDR Signature:	Date:

**FOR OFFICIAL USE ONLY**  
**PRIVACY SENSITIVE**

# PHYSICAL ACTIVITY RISK FACTOR QUESTIONNAIRE (PARFQ)

**NAVPERS 6110/3 (Rev. 11-2015) PREVIOUS EDITIONS ARE OBSOLETE** Supporting Directive OPNAVINST 6110.1J

## PRIVACY ACT STATEMENT

**AUTHORITY:** 10 U.S.C. 5013. Secretary of the Navy; OPNAVINST 6110.1J, Physical Readiness Program.

**PRIMARY PURPOSE:** The Physical Activity Risk Factor Questionnaire (PARFQ) is a self-screening tool required of all Navy members prior to participating in the semi-annual Physical Fitness Assessment (PFA). The form assists commands and medical personnel in identifying risk factors or changes in a member's health status since the completion of the annual Physical Health Assessment (PHA).

**ROUTINE USES:** Disclosures are permitted under 5 U.S.C. 552a(b), Privacy Act of 1974, as amended.

**DISCLOSURE:** Mandatory. Failure to fully disclose the requested information may inhibit the Navy's ability to properly assess your physical activity risk factors and may subject you to administrative actions.

<p>1. Do any of the following apply to you? <b>(For Females Only)</b></p> <ul style="list-style-type: none"> <li>- You are pregnant, or have reason to believe you could be pregnant.</li> <li>- You were pregnant and/or gave birth within the past 6 months.</li> <li>- You miscarried or gave birth to a live or stillborn child(ren) within the past 6 months.</li> <li>- You are currently undergoing in vitro fertilization (IVF) treatment, or have undergone IVF within the past 6 months.</li> </ul> <p>NOTE: If you answer "Yes" to any of the above you are <b>NOT authorized to participate in the Physical Fitness Assessment (PFA) this cycle</b>. Obtain a NAVMED 6000/10 from your Health Care Provider (HCP). If you answer "No", proceed to question 2.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>2. Did you fully participate in the last PFA cycle? (i.e., BCA, curl-ups, push-ups, cardio)</p> <p>NOTE: If "Yes", proceed to question 4. If "No", (i.e., medical waiver for all or part of PRT), proceed to question 3.</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<p>3. For the same reason(s) you were medically waived in question 2 above, are you requesting a medical waiver for this PFA cycle? NOTE: If "Yes", <b>STOP</b>. Print PARFQ and schedule a medical appointment with primary HCP. If "No", (i.e., not requesting a medical waiver), proceed to question 4.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>4. Is your Periodic Health Assessment (PHA) out of date (i.e., more than one year has elapsed since your last PHA)?</p> <p>NOTE: If "Yes", <b>STOP</b>. Print this PARFQ. Schedule a medical appointment with primary HCP and take this PARFQ to the medical appointment. <b>PRT is NOT authorized until you complete the PHA</b>. If "No", proceed to question 5.</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<p>5. Have you experienced any of the following symptoms/problems since the last PFA cycle that were NOT evaluated by a health care provider?</p> <ul style="list-style-type: none"> <li>- Unexplained chest discomfort.</li> <li>- Unusual or unexplained shortness of breath.</li> <li>- Dizziness, fainting, or blackouts associated with exertion.</li> <li>- Other medical issues (including bone and joint problems) that would keep you from safely participating in the PRT.</li> </ul> <p>NOTE: If "Yes", <b>STOP</b>. Print PARFQ. Schedule a medical appointment with primary HCP to obtain a medical evaluation prior to the PRT. Authorized Medical Department Representative (AMDR)/HCP will endorse PARFQ after a health determination is confirmed. If "No", proceed to question 6.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>6. Does either of the following apply to you?</p> <ul style="list-style-type: none"> <li>- Age 35 or older.</li> <li>- A family history of sudden death before the age of 50.</li> </ul> <p>NOTE: If "Yes", proceed to question 7. If "No", <b>STOP</b>. Print and Sign PARFQ. You may take the PRT.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>7. Have you been physically INACTIVE?</p> <p>"Inactive" means participating in less than 30 minutes of vigorous activity per session, 3 days per week over the last 3 months.</p> <p>"Vigorous activity" is defined as sweating and moderate to heavy increases in breathing and heart rate.</p> <p>NOTE: If "Yes", proceed to question 8. If "No", <b>STOP</b>. Print and Sign PARFQ. You may take the PRT.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>8. Does one (1) or more of the following apply to you?</p> <ul style="list-style-type: none"> <li>- Used any tobacco products in the last 30 days.</li> <li>- Diabetes.</li> <li>- High Blood Pressure that is not controlled.</li> <li>- Family history of heart disease at any age.</li> <li>- You are male and over 45 years of age OR you are female and over 55 years of age.</li> </ul> <p>NOTE: If "Yes", <b>STOP</b>. Save, Print, and Sign PARFQ. AMDR/HCP must review your current PHA before you may take the PRT. If "No", Print and Sign PARFQ. You may take the PRT.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No

Member Name (Last, First, MI):	PARFQ Date:	Date of Birth:	Date of Last PHA:	Member Signature (CAC Digital Signature Optional):
Moore, Michael	Aug 19, 2016	Jun 1, 1975	Jun 15, 2015	

## PRT PARTICIPATION STATUS

<input type="checkbox"/> Member Cleared Waiver <b>NOT</b> Required	<input type="checkbox"/> Member Cleared Waiver Required	<input type="checkbox"/> Member <b>NOT</b> Cleared Waiver Required
HCP/AMDR Name (Print):	HCP/AMDR Signature:	Date:

**FOR OFFICIAL USE ONLY**  
**PRIVACY SENSITIVE**

# PHYSICAL ACTIVITY RISK FACTOR QUESTIONNAIRE (PARFQ)

**NAVPERS 6110/3 (Rev. 11-2015) PREVIOUS EDITIONS ARE OBSOLETE** Supporting Directive OPNAVINST 6110.1J

## PRIVACY ACT STATEMENT

**AUTHORITY:** 10 U.S.C. 5013. Secretary of the Navy; OPNAVINST 6110.1J, Physical Readiness Program.

**PRIMARY PURPOSE:** The Physical Activity Risk Factor Questionnaire (PARFQ) is a self-screening tool required of all Navy members prior to participating in the semi-annual Physical Fitness Assessment (PFA). The form assists commands and medical personnel in identifying risk factors or changes in a member's health status since the completion of the annual Physical Health Assessment (PHA).

**ROUTINE USES:** Disclosures are permitted under 5 U.S.C. 552a(b), Privacy Act of 1974, as amended.

**DISCLOSURE:** Mandatory. Failure to fully disclose the requested information may inhibit the Navy's ability to properly assess your physical activity risk factors and may subject you to administrative actions.

<p>1. Do any of the following apply to you? <b>(For Females Only)</b></p> <ul style="list-style-type: none"> <li>- You are pregnant, or have reason to believe you could be pregnant.</li> <li>- You were pregnant and/or gave birth within the past 6 months.</li> <li>- You miscarried or gave birth to a live or stillborn child(ren) within the past 6 months.</li> <li>- You are currently undergoing in vitro fertilization (IVF) treatment, or have undergone IVF within the past 6 months.</li> </ul> <p>NOTE: If you answer "Yes" to any of the above you are <b>NOT authorized to participate in the Physical Fitness Assessment (PFA) this cycle</b>. Obtain a NAVMED 6000/10 from your Health Care Provider (HCP). If you answer "No", proceed to question 2.</p>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<p>2. Did you fully participate in the last PFA cycle? (i.e., BCA, curl-ups, push-ups, cardio)</p> <p>NOTE: If "Yes", proceed to question 4. If "No", (i.e., medical waiver for all or part of PRT), proceed to question 3.</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<p>3. For the same reason(s) you were medically waived in question 2 above, are you requesting a medical waiver for this PFA cycle? NOTE: If "Yes", <b>STOP</b>. Print PARFQ and schedule a medical appointment with primary HCP. If "No", (i.e., not requesting a medical waiver), proceed to question 4.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>4. Is your Periodic Health Assessment (PHA) out of date (i.e., more than one year has elapsed since your last PHA)?</p> <p>NOTE: If "Yes", <b>STOP</b>. Print this PARFQ. Schedule a medical appointment with primary HCP and take this PARFQ to the medical appointment. <b>PRT is NOT authorized until you complete the PHA</b>. If "No", proceed to question 5.</p>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<p>5. Have you experienced any of the following symptoms/problems since the last PFA cycle that were NOT evaluated by a health care provider?</p> <ul style="list-style-type: none"> <li>- Unexplained chest discomfort.</li> <li>- Unusual or unexplained shortness of breath.</li> <li>- Dizziness, fainting, or blackouts associated with exertion.</li> <li>- Other medical issues (including bone and joint problems) that would keep you from safely participating in the PRT.</li> </ul> <p>NOTE: If "Yes", <b>STOP</b>. Print PARFQ. Schedule a medical appointment with primary HCP to obtain a medical evaluation prior to the PRT. Authorized Medical Department Representative (AMDR)/HCP will endorse PARFQ after a health determination is confirmed. If "No", proceed to question 6.</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<p>6. Does either of the following apply to you?</p> <ul style="list-style-type: none"> <li>- Age 35 or older.</li> <li>- A family history of sudden death before the age of 50.</li> </ul> <p>NOTE: If "Yes", proceed to question 7. If "No", <b>STOP</b>. Print and Sign PARFQ. You may take the PRT.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>7. Have you been physically INACTIVE?</p> <p>"Inactive" means participating in less than 30 minutes of vigorous activity per session, 3 days per week over the last 3 months.</p> <p>"Vigorous activity" is defined as sweating and moderate to heavy increases in breathing and heart rate.</p> <p>NOTE: If "Yes", proceed to question 8. If "No", <b>STOP</b>. Print and Sign PARFQ. You may take the PRT.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>8. Does one (1) or more of the following apply to you?</p> <ul style="list-style-type: none"> <li>- Used any tobacco products in the last 30 days.</li> <li>- Diabetes.</li> <li>- High Blood Pressure that is not controlled.</li> <li>- Family history of heart disease at any age.</li> <li>- You are male and over 45 years of age OR you are female and over 55 years of age.</li> </ul> <p>NOTE: If "Yes", <b>STOP</b>. Save, Print, and Sign PARFQ. AMDR/HCP must review your current PHA before you may take the PRT. If "No", Print and Sign PARFQ. You may take the PRT.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No

Member Name (Last, First, MI): Smith, Mary	PARFQ Date: Aug 17, 2016	Date of Birth: Jun 1, 1995	Date of Last PHA: Jun 15, 2016	Member Signature (CAC Digital Signature Optional):
---	-----------------------------	-------------------------------	-----------------------------------	--

## PRT PARTICIPATION STATUS

<input type="checkbox"/> Member Cleared Waiver <b>NOT</b> Required	<input type="checkbox"/> Member Cleared Waiver Required	<input type="checkbox"/> Member <b>NOT</b> Cleared Waiver Required
HCP/AMDR Name (Print):	HCP/AMDR Signature:	Date:

**FOR OFFICIAL USE ONLY**  
**PRIVACY SENSITIVE**

# PHYSICAL ACTIVITY RISK FACTOR QUESTIONNAIRE (PARFQ)

**NAVPERS 6110/3 (Rev. 11-2015) PREVIOUS EDITIONS ARE OBSOLETE** Supporting Directive OPNAVINST 6110.1J

## PRIVACY ACT STATEMENT

**AUTHORITY:** 10 U.S.C. 5013. Secretary of the Navy; OPNAVINST 6110.1J, Physical Readiness Program.

**PRIMARY PURPOSE:** The Physical Activity Risk Factor Questionnaire (PARFQ) is a self-screening tool required of all Navy members prior to participating in the semi-annual Physical Fitness Assessment (PFA). The form assists commands and medical personnel in identifying risk factors or changes in a member's health status since the completion of the annual Physical Health Assessment (PHA).

**ROUTINE USES:** Disclosures are permitted under 5 U.S.C. 552a(b), Privacy Act of 1974, as amended.

**DISCLOSURE:** Mandatory. Failure to fully disclose the requested information may inhibit the Navy's ability to properly assess your physical activity risk factors and may subject you to administrative actions.

<p>1. Do any of the following apply to you? <b>(For Females Only)</b></p> <ul style="list-style-type: none"> <li>- You are pregnant, or have reason to believe you could be pregnant.</li> <li>- You were pregnant and/or gave birth within the past 6 months.</li> <li>- You miscarried or gave birth to a live or stillborn child(ren) within the past 6 months.</li> <li>- You are currently undergoing in vitro fertilization (IVF) treatment, or have undergone IVF within the past 6 months.</li> </ul> <p>NOTE: If you answer "Yes" to any of the above you are <b>NOT authorized to participate in the Physical Fitness Assessment (PFA) this cycle</b>. Obtain a NAVMED 6000/10 from your Health Care Provider (HCP). If you answer "No", proceed to question 2.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>2. Did you fully participate in the last PFA cycle? (i.e., BCA, curl-ups, push-ups, cardio)</p> <p>NOTE: If "Yes", proceed to question 4. If "No", (i.e., medical waiver for all or part of PRT), proceed to question 3.</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<p>3. For the same reason(s) you were medically waived in question 2 above, are you requesting a medical waiver for this PFA cycle? NOTE: If "Yes", <b>STOP</b>. Print PARFQ and schedule a medical appointment with primary HCP. If "No", (i.e., not requesting a medical waiver), proceed to question 4.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>4. Is your Periodic Health Assessment (PHA) out of date (i.e., more than one year has elapsed since your last PHA)?</p> <p>NOTE: If "Yes", <b>STOP</b>. Print this PARFQ. Schedule a medical appointment with primary HCP and take this PARFQ to the medical appointment. <b>PRT is NOT authorized until you complete the PHA</b>. If "No", proceed to question 5.</p>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<p>5. Have you experienced any of the following symptoms/problems since the last PFA cycle that were NOT evaluated by a health care provider?</p> <ul style="list-style-type: none"> <li>- Unexplained chest discomfort.</li> <li>- Unusual or unexplained shortness of breath.</li> <li>- Dizziness, fainting, or blackouts associated with exertion.</li> <li>- Other medical issues (including bone and joint problems) that would keep you from safely participating in the PRT.</li> </ul> <p>NOTE: If "Yes", <b>STOP</b>. Print PARFQ. Schedule a medical appointment with primary HCP to obtain a medical evaluation prior to the PRT. Authorized Medical Department Representative (AMDR)/HCP will endorse PARFQ after a health determination is confirmed. If "No", proceed to question 6.</p>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<p>6. Does either of the following apply to you?</p> <ul style="list-style-type: none"> <li>- Age 35 or older.</li> <li>- A family history of sudden death before the age of 50.</li> </ul> <p>NOTE: If "Yes", proceed to question 7. If "No", <b>STOP</b>. Print and Sign PARFQ. You may take the PRT.</p>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<p>7. Have you been physically INACTIVE?</p> <p>"Inactive" means participating in less than 30 minutes of vigorous activity per session, 3 days per week over the last 3 months.</p> <p>"Vigorous activity" is defined as sweating and moderate to heavy increases in breathing and heart rate.</p> <p>NOTE: If "Yes", proceed to question 8. If "No", <b>STOP</b>. Print and Sign PARFQ. You may take the PRT.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>8. Does one (1) or more of the following apply to you?</p> <ul style="list-style-type: none"> <li>- Used any tobacco products in the last 30 days.</li> <li>- Diabetes.</li> <li>- High Blood Pressure that is not controlled.</li> <li>- Family history of heart disease at any age.</li> <li>- You are male and over 45 years of age OR you are female and over 55 years of age.</li> </ul> <p>NOTE: If "Yes", <b>STOP</b>. Save, Print, and Sign PARFQ. AMDR/HCP must review your current PHA before you may take the PRT. If "No", Print and Sign PARFQ. You may take the PRT.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No

Member Name (Last, First, MI):	PARFQ Date:	Date of Birth:	Date of Last PHA:	Member Signature (CAC Digital Signature Optional):
Thompson, Daniel	Aug 15, 2016	Jun 1, 1985	Jun 15, 2016	

## PRT PARTICIPATION STATUS

<input type="checkbox"/> Member Cleared Waiver <b>NOT</b> Required	<input type="checkbox"/> Member Cleared Waiver Required	<input type="checkbox"/> Member <b>NOT</b> Cleared Waiver Required
HCP/AMDR Name (Print):	HCP/AMDR Signature:	Date:

**FOR OFFICIAL USE ONLY**  
**PRIVACY SENSITIVE**

# PHYSICAL ACTIVITY RISK FACTOR QUESTIONNAIRE (PARFQ)

**NAVPERS 6110/3 (Rev. 11-2015) PREVIOUS EDITIONS ARE OBSOLETE** Supporting Directive OPNAVINST 6110.1J

## PRIVACY ACT STATEMENT

**AUTHORITY:** 10 U.S.C. 5013. Secretary of the Navy; OPNAVINST 6110.1J, Physical Readiness Program.

**PRIMARY PURPOSE:** The Physical Activity Risk Factor Questionnaire (PARFQ) is a self-screening tool required of all Navy members prior to participating in the semi-annual Physical Fitness Assessment (PFA). The form assists commands and medical personnel in identifying risk factors or changes in a member's health status since the completion of the annual Physical Health Assessment (PHA).

**ROUTINE USES:** Disclosures are permitted under 5 U.S.C. 552a(b), Privacy Act of 1974, as amended.

**DISCLOSURE:** Mandatory. Failure to fully disclose the requested information may inhibit the Navy's ability to properly assess your physical activity risk factors and may subject you to administrative actions.

<p>1. Do any of the following apply to you? <b>(For Females Only)</b></p> <ul style="list-style-type: none"> <li>- You are pregnant, or have reason to believe you could be pregnant.</li> <li>- You were pregnant and/or gave birth within the past 6 months.</li> <li>- You miscarried or gave birth to a live or stillborn child(ren) within the past 6 months.</li> <li>- You are currently undergoing in vitro fertilization (IVF) treatment, or have undergone IVF within the past 6 months.</li> </ul> <p>NOTE: If you answer "Yes" to any of the above you are <b>NOT authorized to participate in the Physical Fitness Assessment (PFA) this cycle</b>. Obtain a NAVMED 6000/10 from your Health Care Provider (HCP). If you answer "No", proceed to question 2.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>2. Did you fully participate in the last PFA cycle? (i.e., BCA, curl-ups, push-ups, cardio)</p> <p>NOTE: If "Yes", proceed to question 4. If "No", (i.e., medical waiver for all or part of PRT), proceed to question 3.</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<p>3. For the same reason(s) you were medically waived in question 2 above, are you requesting a medical waiver for this PFA cycle? NOTE: If "Yes", <b>STOP</b>. Print PARFQ and schedule a medical appointment with primary HCP. If "No", (i.e., not requesting a medical waiver), proceed to question 4.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>4. Is your Periodic Health Assessment (PHA) out of date (i.e., more than one year has elapsed since your last PHA)?</p> <p>NOTE: If "Yes", <b>STOP</b>. Print this PARFQ. Schedule a medical appointment with primary HCP and take this PARFQ to the medical appointment. <b>PRT is NOT authorized until you complete the PHA</b>. If "No", proceed to question 5.</p>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<p>5. Have you experienced any of the following symptoms/problems since the last PFA cycle that were NOT evaluated by a health care provider?</p> <ul style="list-style-type: none"> <li>- Unexplained chest discomfort.</li> <li>- Unusual or unexplained shortness of breath.</li> <li>- Dizziness, fainting, or blackouts associated with exertion.</li> <li>- Other medical issues (including bone and joint problems) that would keep you from safely participating in the PRT.</li> </ul> <p>NOTE: If "Yes", <b>STOP</b>. Print PARFQ. Schedule a medical appointment with primary HCP to obtain a medical evaluation prior to the PRT. Authorized Medical Department Representative (AMDR)/HCP will endorse PARFQ after a health determination is confirmed. If "No", proceed to question 6.</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<p>6. Does either of the following apply to you?</p> <ul style="list-style-type: none"> <li>- Age 35 or older.</li> <li>- A family history of sudden death before the age of 50.</li> </ul> <p>NOTE: If "Yes", proceed to question 7. If "No", <b>STOP</b>. Print and Sign PARFQ. You may take the PRT.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>7. Have you been physically INACTIVE?</p> <p>"Inactive" means participating in less than 30 minutes of vigorous activity per session, 3 days per week over the last 3 months.</p> <p>"Vigorous activity" is defined as sweating and moderate to heavy increases in breathing and heart rate.</p> <p>NOTE: If "Yes", proceed to question 8. If "No", <b>STOP</b>. Print and Sign PARFQ. You may take the PRT.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>8. Does one (1) or more of the following apply to you?</p> <ul style="list-style-type: none"> <li>- Used any tobacco products in the last 30 days.</li> <li>- Diabetes.</li> <li>- High Blood Pressure that is not controlled.</li> <li>- Family history of heart disease at any age.</li> <li>- You are male and over 45 years of age OR you are female and over 55 years of age.</li> </ul> <p>NOTE: If "Yes", <b>STOP</b>. Save, Print, and Sign PARFQ. AMDR/HCP must review your current PHA before you may take the PRT. If "No", Print and Sign PARFQ. You may take the PRT.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No

Member Name (Last, First, MI):	PARFQ Date:	Date of Birth:	Date of Last PHA:	Member Signature (CAC Digital Signature Optional):
Walker, Brian,	Aug 17, 2016	Jun 1, 1995	Jul 12, 2016	

## PRT PARTICIPATION STATUS

☐ Member Cleared  
Waiver **NOT** Required

☐ Member Cleared  
Waiver Required

☐ Member **NOT** Cleared  
Waiver Required

HCP/AMDR Name (Print):

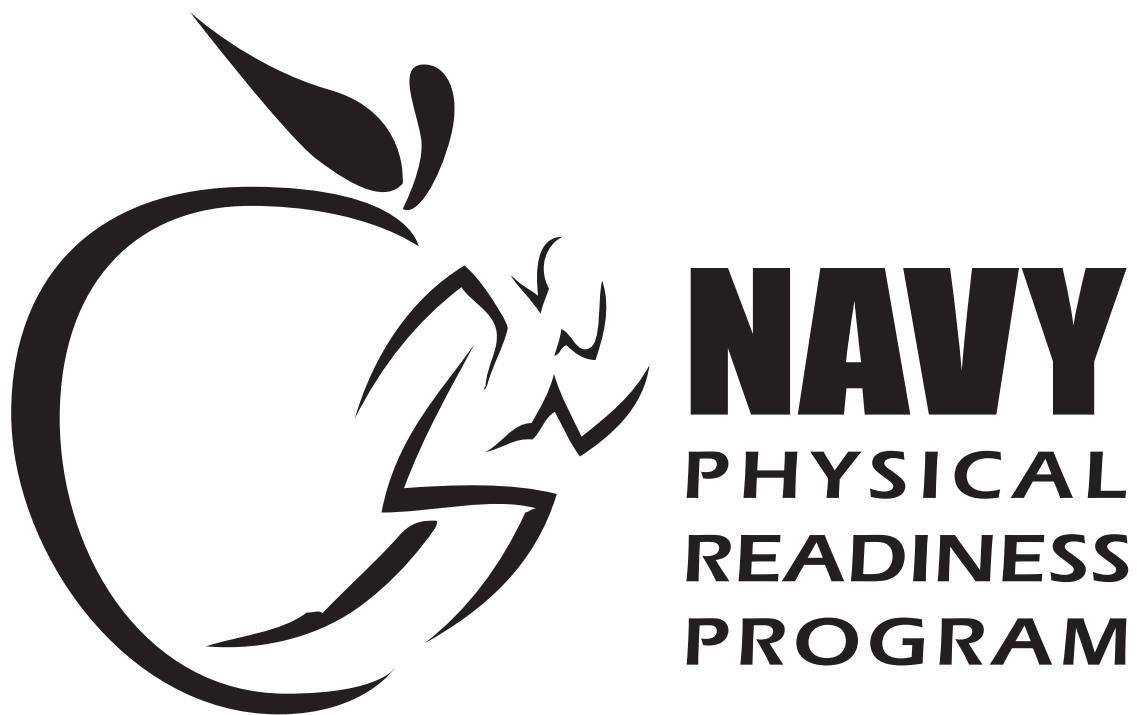
HCP/AMDR Signature:

Date:

**FOR OFFICIAL USE ONLY**  
**PRIVACY SENSITIVE**



# **Command Fitness Leader**



**PFA Decision Making Activity  
(Medical Waivers)**



# PHYSICAL ACTIVITY RISK FACTOR QUESTIONNAIRE (PARFQ)

**NAVPERS 6110/3 (Rev. 11-2015) PREVIOUS EDITIONS ARE OBSOLETE** Supporting Directive OPNAVINST 6110.1J

## PRIVACY ACT STATEMENT

**AUTHORITY:** 10 U.S.C. 5013. Secretary of the Navy; OPNAVINST 6110.1J, Physical Readiness Program.

**PRIMARY PURPOSE:** The Physical Activity Risk Factor Questionnaire (PARFQ) is a self-screening tool required of all Navy members prior to participating in the semi-annual Physical Fitness Assessment (PFA). The form assists commands and medical personnel in identifying risk factors or changes in a member's health status since the completion of the annual Physical Health Assessment (PHA).

**ROUTINE USES:** Disclosures are permitted under 5 U.S.C. 552a(b), Privacy Act of 1974, as amended.

**DISCLOSURE:** Mandatory. Failure to fully disclose the requested information may inhibit the Navy's ability to properly assess your physical activity risk factors and may subject you to administrative actions.

<p>1. Do any of the following apply to you? <b>(For Females Only)</b></p> <ul style="list-style-type: none"> <li>- You are pregnant, or have reason to believe you could be pregnant.</li> <li>- You were pregnant and/or gave birth within the past 6 months.</li> <li>- You miscarried or gave birth to a live or stillborn child(ren) within the past 6 months.</li> <li>- You are currently undergoing in vitro fertilization (IVF) treatment, or have undergone IVF within the past 6 months.</li> </ul> <p>NOTE: If you answer "Yes" to any of the above you are <b>NOT authorized to participate in the Physical Fitness Assessment (PFA) this cycle</b>. Obtain a NAVMED 6000/10 from your Health Care Provider (HCP). If you answer "No", proceed to question 2.</p>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<p>2. Did you fully participate in the last PFA cycle? (i.e., BCA, curl-ups, push-ups, cardio)</p> <p>NOTE: If "Yes", proceed to question 4. If "No", (i.e., medical waiver for all or part of PRT), proceed to question 3.</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<p>3. For the same reason(s) you were medically waived in question 2 above, are you requesting a medical waiver for this PFA cycle? NOTE: If "Yes", <b>STOP</b>. Print PARFQ and schedule a medical appointment with primary HCP. If "No", (i.e., not requesting a medical waiver), proceed to question 4.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>4. Is your Periodic Health Assessment (PHA) out of date (i.e., more than one year has elapsed since your last PHA)?</p> <p>NOTE: If "Yes", <b>STOP</b>. Print this PARFQ. Schedule a medical appointment with primary HCP and take this PARFQ to the medical appointment. <b>PRT is NOT authorized until you complete the PHA</b>. If "No", proceed to question 5.</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<p>5. Have you experienced any of the following symptoms/problems since the last PFA cycle that were NOT evaluated by a health care provider?</p> <ul style="list-style-type: none"> <li>- Unexplained chest discomfort.</li> <li>- Unusual or unexplained shortness of breath.</li> <li>- Dizziness, fainting, or blackouts associated with exertion.</li> <li>- Other medical issues (including bone and joint problems) that would keep you from safely participating in the PRT.</li> </ul> <p>NOTE: If "Yes", <b>STOP</b>. Print PARFQ. Schedule a medical appointment with primary HCP to obtain a medical evaluation prior to the PRT. Authorized Medical Department Representative (AMDR)/HCP will endorse PARFQ after a health determination is confirmed. If "No", proceed to question 6.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>6. Does either of the following apply to you?</p> <ul style="list-style-type: none"> <li>- Age 35 or older.</li> <li>- A family history of sudden death before the age of 50.</li> </ul> <p>NOTE: If "Yes", proceed to question 7. If "No", <b>STOP</b>. Print and Sign PARFQ. You may take the PRT.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>7. Have you been physically INACTIVE?</p> <p>"Inactive" means participating in less than 30 minutes of vigorous activity per session, 3 days per week over the last 3 months.</p> <p>"Vigorous activity" is defined as sweating and moderate to heavy increases in breathing and heart rate.</p> <p>NOTE: If "Yes", proceed to question 8. If "No", <b>STOP</b>. Print and Sign PARFQ. You may take the PRT.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>8. Does one (1) or more of the following apply to you?</p> <ul style="list-style-type: none"> <li>- Used any tobacco products in the last 30 days.</li> <li>- Diabetes.</li> <li>- High Blood Pressure that is not controlled.</li> <li>- Family history of heart disease at any age.</li> <li>- You are male and over 45 years of age OR you are female and over 55 years of age.</li> </ul> <p>NOTE: If "Yes", <b>STOP</b>. Save, Print, and Sign PARFQ. AMDR/HCP must review your current PHA before you may take the PRT. If "No", Print and Sign PARFQ. You may take the PRT.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No

Member Name (Last, First, MI):	PARFQ Date:	Date of Birth:	Date of Last PHA:	Member Signature (CAC Digital Signature Optional):
Brown, Elizabeth	Aug 15, 2016	Jun 1, 1985	Aug 23, 2016	

## PRT PARTICIPATION STATUS

☒ Member Cleared  
Waiver **NOT** Required

☐ Member Cleared  
Waiver Required

☐ Member **NOT** Cleared  
Waiver Required

HCP/AMDR Name (Print):	HCP/AMDR Signature:	Date:
S. Miller, MD, USN		Aug 23, 2016

**FOR OFFICIAL USE ONLY**  
**PRIVACY SENSITIVE**



# PHYSICAL ACTIVITY RISK FACTOR QUESTIONNAIRE (PARFQ)

**NAVPERS 6110/3 (Rev. 11-2015) PREVIOUS EDITIONS ARE OBSOLETE** Supporting Directive OPNAVINST 6110.1J

## PRIVACY ACT STATEMENT

**AUTHORITY:** 10 U.S.C. 5013. Secretary of the Navy; OPNAVINST 6110.1J, Physical Readiness Program.

**PRIMARY PURPOSE:** The Physical Activity Risk Factor Questionnaire (PARFQ) is a self-screening tool required of all Navy members prior to participating in the semi-annual Physical Fitness Assessment (PFA). The form assists commands and medical personnel in identifying risk factors or changes in a member's health status since the completion of the annual Physical Health Assessment (PHA).

**ROUTINE USES:** Disclosures are permitted under 5 U.S.C. 552a(b), Privacy Act of 1974, as amended.

**DISCLOSURE:** Mandatory. Failure to fully disclose the requested information may inhibit the Navy's ability to properly assess your physical activity risk factors and may subject you to administrative actions.

<p>1. Do any of the following apply to you? <b>(For Females Only)</b></p> <ul style="list-style-type: none"> <li>- You are pregnant, or have reason to believe you could be pregnant.</li> <li>- You were pregnant and/or gave birth within the past 6 months.</li> <li>- You miscarried or gave birth to a live or stillborn child(ren) within the past 6 months.</li> <li>- You are currently undergoing in vitro fertilization (IVF) treatment, or have undergone IVF within the past 6 months.</li> </ul> <p>NOTE: If you answer "Yes" to any of the above you are <b>NOT authorized to participate in the Physical Fitness Assessment (PFA) this cycle</b>. Obtain a NAVMED 6000/10 from your Health Care Provider (HCP). If you answer "No", proceed to question 2.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>2. Did you fully participate in the last PFA cycle? (i.e., BCA, curl-ups, push-ups, cardio)</p> <p>NOTE: If "Yes", proceed to question 4. If "No", (i.e., medical waiver for all or part of PRT), proceed to question 3.</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<p>3. For the same reason(s) you were medically waived in question 2 above, are you requesting a medical waiver for this PFA cycle? NOTE: If "Yes", <b>STOP</b>. Print PARFQ and schedule a medical appointment with primary HCP. If "No", (i.e., not requesting a medical waiver), proceed to question 4.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>4. Is your Periodic Health Assessment (PHA) out of date (i.e., more than one year has elapsed since your last PHA)?</p> <p>NOTE: If "Yes", <b>STOP</b>. Print this PARFQ. Schedule a medical appointment with primary HCP and take this PARFQ to the medical appointment. <b>PRT is NOT authorized until you complete the PHA</b>. If "No", proceed to question 5.</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<p>5. Have you experienced any of the following symptoms/problems since the last PFA cycle that were NOT evaluated by a health care provider?</p> <ul style="list-style-type: none"> <li>- Unexplained chest discomfort.</li> <li>- Unusual or unexplained shortness of breath.</li> <li>- Dizziness, fainting, or blackouts associated with exertion.</li> <li>- Other medical issues (including bone and joint problems) that would keep you from safely participating in the PRT.</li> </ul> <p>NOTE: If "Yes", <b>STOP</b>. Print PARFQ. Schedule a medical appointment with primary HCP to obtain a medical evaluation prior to the PRT. Authorized Medical Department Representative (AMDR)/HCP will endorse PARFQ after a health determination is confirmed. If "No", proceed to question 6.</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<p>6. Does either of the following apply to you?</p> <ul style="list-style-type: none"> <li>- Age 35 or older.</li> <li>- A family history of sudden death before the age of 50.</li> </ul> <p>NOTE: If "Yes", proceed to question 7. If "No", <b>STOP</b>. Print and Sign PARFQ. You may take the PRT.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>7. Have you been physically INACTIVE?</p> <p>"Inactive" means participating in less than 30 minutes of vigorous activity per session, 3 days per week over the last 3 months.</p> <p>"Vigorous activity" is defined as sweating and moderate to heavy increases in breathing and heart rate.</p> <p>NOTE: If "Yes", proceed to question 8. If "No", <b>STOP</b>. Print and Sign PARFQ. You may take the PRT.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>8. Does one (1) or more of the following apply to you?</p> <ul style="list-style-type: none"> <li>- Used any tobacco products in the last 30 days.</li> <li>- Diabetes.</li> <li>- High Blood Pressure that is not controlled.</li> <li>- Family history of heart disease at any age.</li> <li>- You are male and over 45 years of age OR you are female and over 55 years of age.</li> </ul> <p>NOTE: If "Yes", <b>STOP</b>. Save, Print, and Sign PARFQ. AMDR/HCP must review your current PHA before you may take the PRT. If "No", Print and Sign PARFQ. You may take the PRT.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No

Member Name (Last, First, MI):	PARFQ Date:	Date of Birth:	Date of Last PHA:	Member Signature (CAC Digital Signature Optional):
Gracia, Paul	Aug 15, 2016	Jun 1, 1975	Sep 1, 2016	

## PRT PARTICIPATION STATUS

<input type="checkbox"/> Member Cleared Waiver <b>NOT</b> Required			<input type="checkbox"/> Member Cleared Waiver Required			<input checked="" type="checkbox"/> Member <b>NOT</b> Cleared Waiver Required			
HCP/AMDR Name (Print):				HCP/AMDR Signature:				Date:	
C. Davis, MD, LCDR, USN								Sep 1, 2016	

**FOR OFFICIAL USE ONLY**  
**PRIVACY SENSITIVE**

# PHYSICAL FITNESS ASSESSMENT MEDICAL CLEARANCE/WAIVER

## SECTION 1

Completed by member

A. Command CFL TRAINING COURSE	B. UIC/RUIC 00001	C. CFL/POC INSTRUCTOR	D. CFL Telephone No. 123-45-6789
E. Reason for Referral			
Positive PARFQ Screening <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Expired PHA <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Age >= 50 years <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	No PRT in last year <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Injury/Illness <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

## SECTION 2

Completed by AMDR/Treating Provider

A. PRT Waiver			
Curl-Ups <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Push-Ups <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Cardio Event <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Waiver Expiration Date Dec 31, 2016
B. PRT Modifications			
CLEARED TO PARTICIPATE	PRT ACTIVITY	COMMENTS	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Treadmill		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Elliptical Trainer		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Stationary Bike		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Swim		
CLEARED TO PARTICIPATE	PHYSICAL TRAINING	COMMENTS	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Command Physical Training/Fitness Enhancement Program		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Individual Physical Training		
C. AMDR/Treating Provider Name C. Davis, MD, LCDR, USN		D. AMDR/Treating Provider Signature E. Date Sept 1, 2016	

## SECTION 3

Completed by Treating Physician and AMDR/AMDR Supervisor

A. BCA Waiver (Requires two signatures if granted)		
Waiver <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	AMDR/Treating Physician Signature	AMDR/AMDR Supervisor Signature
B. Reason IAW OPNAVINST 6110.1 (series) <input type="checkbox"/> Inability to obtain BCA measurement <input type="checkbox"/> Medical Treatment/Therapy		C. BCA Waiver Expiration Date

## SECTION 4

Completed by AMDR

A. Member Cleared <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	B. PRT Waiver Recommended <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	C. BCA Waiver Recommended <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	D. Is member in LIMDU <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	E. LIMDU Expiration Date
F. AMDR Name C. Davis, MD, LCDR, USN		G. AMDR Signature		H. Date Sept 1, 2016

## SECTION 5

CO Endorsement Required Prior to Input into PRIMS

A. Waiver Status			
Number Waivers in last 4 years	Meets MEB Requirements <input type="checkbox"/> Yes <input type="checkbox"/> No	CFL Signature	Date
B. PRT Waiver Approved <input type="checkbox"/> Yes <input type="checkbox"/> No	C. BCA Waiver Approved <input type="checkbox"/> Yes <input type="checkbox"/> No	D. Member CO/OIC Signature	E. Date

### PATIENT'S IDENTIFICATION (Use this space for mechanical imprint)

PATIENT'S NAME (Last, First, Middle Initial) Gracia, Paul		SEX M
SSN / IDENTIFICATION NO. XXX-XX-0017	STATUS AD	RANK/GRADE E-6
RECORDS MAINTAINED AT CFL Course		DATE OF BIRTH Jun 1, 1975

# PHYSICAL ACTIVITY RISK FACTOR QUESTIONNAIRE (PARFQ)

**NAVPERS 6110/3 (Rev. 11-2015) PREVIOUS EDITIONS ARE OBSOLETE** Supporting Directive OPNAVINST 6110.1J

## PRIVACY ACT STATEMENT

**AUTHORITY:** 10 U.S.C. 5013. Secretary of the Navy; OPNAVINST 6110.1J, Physical Readiness Program.

**PRIMARY PURPOSE:** The Physical Activity Risk Factor Questionnaire (PARFQ) is a self-screening tool required of all Navy members prior to participating in the semi-annual Physical Fitness Assessment (PFA). The form assists commands and medical personnel in identifying risk factors or changes in a member's health status since the completion of the annual Physical Health Assessment (PHA).

**ROUTINE USES:** Disclosures are permitted under 5 U.S.C. 552a(b), Privacy Act of 1974, as amended.

**DISCLOSURE:** Mandatory. Failure to fully disclose the requested information may inhibit the Navy's ability to properly assess your physical activity risk factors and may subject you to administrative actions.

<p>1. Do any of the following apply to you? <b>(For Females Only)</b></p> <ul style="list-style-type: none"> <li>- You are pregnant, or have reason to believe you could be pregnant.</li> <li>- You were pregnant and/or gave birth within the past 6 months.</li> <li>- You miscarried or gave birth to a live or stillborn child(ren) within the past 6 months.</li> <li>- You are currently undergoing in vitro fertilization (IVF) treatment, or have undergone IVF within the past 6 months.</li> </ul> <p>NOTE: If you answer "Yes" to any of the above you are <b>NOT authorized to participate in the Physical Fitness Assessment (PFA) this cycle</b>. Obtain a NAVMED 6000/10 from your Health Care Provider (HCP). If you answer "No", proceed to question 2.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>2. Did you fully participate in the last PFA cycle? (i.e., BCA, curl-ups, push-ups, cardio)</p> <p>NOTE: If "Yes", proceed to question 4. If "No", (i.e., medical waiver for all or part of PRT), proceed to question 3.</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<p>3. For the same reason(s) you were medically waived in question 2 above, are you requesting a medical waiver for this PFA cycle? NOTE: If "Yes", <b>STOP</b>. Print PARFQ and schedule a medical appointment with primary HCP. If "No", (i.e., not requesting a medical waiver), proceed to question 4.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>4. Is your Periodic Health Assessment (PHA) out of date (i.e., more than one year has elapsed since your last PHA)?</p> <p>NOTE: If "Yes", <b>STOP</b>. Print this PARFQ. Schedule a medical appointment with primary HCP and take this PARFQ to the medical appointment. <b>PRT is NOT authorized until you complete the PHA</b>. If "No", proceed to question 5.</p>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<p>5. Have you experienced any of the following symptoms/problems since the last PFA cycle that were NOT evaluated by a health care provider?</p> <ul style="list-style-type: none"> <li>- Unexplained chest discomfort.</li> <li>- Unusual or unexplained shortness of breath.</li> <li>- Dizziness, fainting, or blackouts associated with exertion.</li> <li>- Other medical issues (including bone and joint problems) that would keep you from safely participating in the PRT.</li> </ul> <p>NOTE: If "Yes", <b>STOP</b>. Print PARFQ. Schedule a medical appointment with primary HCP to obtain a medical evaluation prior to the PRT. Authorized Medical Department Representative (AMDR)/HCP will endorse PARFQ after a health determination is confirmed. If "No", proceed to question 6.</p>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<p>6. Does either of the following apply to you?</p> <ul style="list-style-type: none"> <li>- Age 35 or older.</li> <li>- A family history of sudden death before the age of 50.</li> </ul> <p>NOTE: If "Yes", proceed to question 7. If "No", <b>STOP</b>. Print and Sign PARFQ. You may take the PRT.</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<p>7. Have you been physically INACTIVE?</p> <p>"Inactive" means participating in less than 30 minutes of vigorous activity per session, 3 days per week over the last 3 months.</p> <p>"Vigorous activity" is defined as sweating and moderate to heavy increases in breathing and heart rate.</p> <p>NOTE: If "Yes", proceed to question 8. If "No", <b>STOP</b>. Print and Sign PARFQ. You may take the PRT.</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<p>8. Does one (1) or more of the following apply to you?</p> <ul style="list-style-type: none"> <li>- Used any tobacco products in the last 30 days.</li> <li>- Diabetes.</li> <li>- High Blood Pressure that is not controlled.</li> <li>- Family history of heart disease at any age.</li> <li>- You are male and over 45 years of age OR you are female and over 55 years of age.</li> </ul> <p>NOTE: If "Yes", <b>STOP</b>. Save, Print, and Sign PARFQ. AMDR/HCP must review your current PHA before you may take the PRT. If "No", Print and Sign PARFQ. You may take the PRT.</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Member Name (Last, First, MI): Jackson, Charles	PARFQ Date: Aug 15, 2016	Date of Birth: Jun 1, 1980	Date of Last PHA: Jun 15, 2016	Member Signature (CAC Digital Signature Optional):
--	-----------------------------	-------------------------------	-----------------------------------	--

## PRT PARTICIPATION STATUS

☒ Member Cleared  
Waiver **NOT** Required

☐ Member Cleared  
Waiver Required

☐ Member **NOT** Cleared  
Waiver Required

HCP/AMDR Name (Print): K. Smith, MD, CDR, USN	HCP/AMDR Signature:	Date: Aug 24, 2016
--	---------------------	-----------------------

**FOR OFFICIAL USE ONLY**  
**PRIVACY SENSITIVE**

# PHYSICAL ACTIVITY RISK FACTOR QUESTIONNAIRE (PARFQ)

**NAVPERS 6110/3 (Rev. 11-2015) PREVIOUS EDITIONS ARE OBSOLETE** Supporting Directive OPNAVINST 6110.1J

## PRIVACY ACT STATEMENT

**AUTHORITY:** 10 U.S.C. 5013. Secretary of the Navy; OPNAVINST 6110.1J, Physical Readiness Program.

**PRIMARY PURPOSE:** The Physical Activity Risk Factor Questionnaire (PARFQ) is a self-screening tool required of all Navy members prior to participating in the semi-annual Physical Fitness Assessment (PFA). The form assists commands and medical personnel in identifying risk factors or changes in a member's health status since the completion of the annual Physical Health Assessment (PHA).

**ROUTINE USES:** Disclosures are permitted under 5 U.S.C. 552a(b), Privacy Act of 1974, as amended.

**DISCLOSURE:** Mandatory. Failure to fully disclose the requested information may inhibit the Navy's ability to properly assess your physical activity risk factors and may subject you to administrative actions.

<p>1. Do any of the following apply to you? <b>(For Females Only)</b></p> <ul style="list-style-type: none"> <li>- You are pregnant, or have reason to believe you could be pregnant.</li> <li>- You were pregnant and/or gave birth within the past 6 months.</li> <li>- You miscarried or gave birth to a live or stillborn child(ren) within the past 6 months.</li> <li>- You are currently undergoing in vitro fertilization (IVF) treatment, or have undergone IVF within the past 6 months.</li> </ul> <p>NOTE: If you answer "Yes" to any of the above you are <b>NOT authorized to participate in the Physical Fitness Assessment (PFA) this cycle</b>. Obtain a NAVMED 6000/10 from your Health Care Provider (HCP). If you answer "No", proceed to question 2.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>2. Did you fully participate in the last PFA cycle? (i.e., BCA, curl-ups, push-ups, cardio)</p> <p>NOTE: If "Yes", proceed to question 4. If "No", (i.e., medical waiver for all or part of PRT), proceed to question 3.</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<p>3. For the same reason(s) you were medically waived in question 2 above, are you requesting a medical waiver for this PFA cycle? NOTE: If "Yes", <b>STOP</b>. Print PARFQ and schedule a medical appointment with primary HCP. If "No", (i.e., not requesting a medical waiver), proceed to question 4.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>4. Is your Periodic Health Assessment (PHA) out of date (i.e., more than one year has elapsed since your last PHA)?</p> <p>NOTE: If "Yes", <b>STOP</b>. Print this PARFQ. Schedule a medical appointment with primary HCP and take this PARFQ to the medical appointment. <b>PRT is NOT authorized until you complete the PHA</b>. If "No", proceed to question 5.</p>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<p>5. Have you experienced any of the following symptoms/problems since the last PFA cycle that were NOT evaluated by a health care provider?</p> <ul style="list-style-type: none"> <li>- Unexplained chest discomfort.</li> <li>- Unusual or unexplained shortness of breath.</li> <li>- Dizziness, fainting, or blackouts associated with exertion.</li> <li>- Other medical issues (including bone and joint problems) that would keep you from safely participating in the PRT.</li> </ul> <p>NOTE: If "Yes", <b>STOP</b>. Print PARFQ. Schedule a medical appointment with primary HCP to obtain a medical evaluation prior to the PRT. Authorized Medical Department Representative (AMDR)/HCP will endorse PARFQ after a health determination is confirmed. If "No", proceed to question 6.</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<p>6. Does either of the following apply to you?</p> <ul style="list-style-type: none"> <li>- Age 35 or older.</li> <li>- A family history of sudden death before the age of 50.</li> </ul> <p>NOTE: If "Yes", proceed to question 7. If "No", <b>STOP</b>. Print and Sign PARFQ. You may take the PRT.</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<p>7. Have you been physically INACTIVE?</p> <p>"Inactive" means participating in less than 30 minutes of vigorous activity per session, 3 days per week over the last 3 months.</p> <p>"Vigorous activity" is defined as sweating and moderate to heavy increases in breathing and heart rate.</p> <p>NOTE: If "Yes", proceed to question 8. If "No", <b>STOP</b>. Print and Sign PARFQ. You may take the PRT.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>8. Does one (1) or more of the following apply to you?</p> <ul style="list-style-type: none"> <li>- Used any tobacco products in the last 30 days.</li> <li>- Diabetes.</li> <li>- High Blood Pressure that is not controlled.</li> <li>- Family history of heart disease at any age.</li> <li>- You are male and over 45 years of age OR you are female and over 55 years of age.</li> </ul> <p>NOTE: If "Yes", <b>STOP</b>. Save, Print, and Sign PARFQ. AMDR/HCP must review your current PHA before you may take the PRT. If "No", Print and Sign PARFQ. You may take the PRT.</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Member Name (Last, First, MI):	PARFQ Date:	Date of Birth:	Date of Last PHA:	Member Signature (CAC Digital Signature Optional):
Lee Edward	Aug 15, 2016	Jun 1, 1970	Jun 15, 2016	

## PRT PARTICIPATION STATUS

☐ Member Cleared  
Waiver **NOT** Required

☒ Member Cleared  
Waiver Required

☐ Member **NOT** Cleared  
Waiver Required

HCP/AMDR Name (Print):	HCP/AMDR Signature:	Date:
S. Miller, MD, LCDR, USN		Aug 22, 2016

**FOR OFFICIAL USE ONLY**  
**PRIVACY SENSITIVE**

# PHYSICAL FITNESS ASSESSMENT MEDICAL CLEARANCE/WAIVER

## SECTION 1

Completed by member

A. Command CFL TRAINING COURSE	B. UIC/RUIC 00001	C. CFL/POC INSTRUCTOR	D. CFL Telephone No. 123-45-6789
E. Reason for Referral			
Positive PARFQ Screening <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Expired PHA <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Age >= 50 years <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	No PRT in last year <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Injury/Illness <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

## SECTION 2

Completed by AMDR/Treating Provider

A. PRT Waiver			
Curl-Ups <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Push-Ups <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Cardio Event <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Waiver Expiration Date Dec 31, 2016
B. PRT Modifications			
CLEARED TO PARTICIPATE	PRT ACTIVITY	COMMENTS	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Treadmill		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Elliptical Trainer		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Stationary Bike		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Swim		
CLEARED TO PARTICIPATE	PHYSICAL TRAINING	COMMENTS	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Command Physical Training/Fitness Enhancement Program	Upper Body Activities Only	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Individual Physical Training	Upper Body Activities Only	
C. AMDR/Treating Provider Name S. Miller, MD, LCDR, USN		D. AMDR/Treating Provider Signature	
		E. Date Aug 22, 2016	

## SECTION 3

Completed by Treating Physician and AMDR/AMDR Supervisor

A. BCA Waiver (Requires two signatures if granted)		
Waiver <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	AMDR/Treating Physician Signature	AMDR/AMDR Supervisor Signature
B. Reason IAW OPNAVINST 6110.1 (series) <input type="checkbox"/> Inability to obtain BCA measurement <input type="checkbox"/> Medical Treatment/Therapy		C. BCA Waiver Expiration Date

## SECTION 4

Completed by AMDR

A. Member Cleared <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	B. PRT Waiver Recommended <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	C. BCA Waiver Recommended <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	D. Is member in LIMDU <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	E. LIMDU Expiration Date
F. AMDR Name S. Miller, MD, LCDR, USN			G. AMDR Signature	H. Date Aug 22, 2016

## SECTION 5

CO Endorsement Required Prior to Input into PRIMS

A. Waiver Status			
Number Waivers in last 4 years	Meets MEB Requirements <input type="checkbox"/> Yes <input type="checkbox"/> No	CFL Signature	Date
B. PRT Waiver Approved <input type="checkbox"/> Yes <input type="checkbox"/> No	C. BCA Waiver Approved <input type="checkbox"/> Yes <input type="checkbox"/> No	D. Member CO/OIC Signature	E. Date

### PATIENT'S IDENTIFICATION (Use this space for mechanical imprint)

PATIENT'S NAME (Last, First, Middle Initial) Lee, Edward		SEX M
SSN / IDENTIFICATION NO. XXX-XX-0024	STATUS AD	RANK/GRADE E-8
RECORDS MAINTAINED AT CFL Course		DATE OF BIRTH Jun 1, 1970

# PHYSICAL ACTIVITY RISK FACTOR QUESTIONNAIRE (PARFQ)

**NAVPERS 6110/3 (Rev. 11-2015) PREVIOUS EDITIONS ARE OBSOLETE** Supporting Directive OPNAVINST 6110.1J

## PRIVACY ACT STATEMENT

**AUTHORITY:** 10 U.S.C. 5013. Secretary of the Navy; OPNAVINST 6110.1J, Physical Readiness Program.

**PRIMARY PURPOSE:** The Physical Activity Risk Factor Questionnaire (PARFQ) is a self-screening tool required of all Navy members prior to participating in the semi-annual Physical Fitness Assessment (PFA). The form assists commands and medical personnel in identifying risk factors or changes in a member's health status since the completion of the annual Physical Health Assessment (PHA).

**ROUTINE USES:** Disclosures are permitted under 5 U.S.C. 552a(b), Privacy Act of 1974, as amended.

**DISCLOSURE:** Mandatory. Failure to fully disclose the requested information may inhibit the Navy's ability to properly assess your physical activity risk factors and may subject you to administrative actions.

<p>1. Do any of the following apply to you? <b>(For Females Only)</b></p> <ul style="list-style-type: none"> <li>- You are pregnant, or have reason to believe you could be pregnant.</li> <li>- You were pregnant and/or gave birth within the past 6 months.</li> <li>- You miscarried or gave birth to a live or stillborn child(ren) within the past 6 months.</li> <li>- You are currently undergoing in vitro fertilization (IVF) treatment, or have undergone IVF within the past 6 months.</li> </ul> <p>NOTE: If you answer "Yes" to any of the above you are <b>NOT authorized to participate in the Physical Fitness Assessment (PFA) this cycle</b>. Obtain a NAVMED 6000/10 from your Health Care Provider (HCP). If you answer "No", proceed to question 2.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>2. Did you fully participate in the last PFA cycle? (i.e., BCA, curl-ups, push-ups, cardio)</p> <p>NOTE: If "Yes", proceed to question 4. If "No", (i.e., medical waiver for all or part of PRT), proceed to question 3.</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<p>3. For the same reason(s) you were medically waived in question 2 above, are you requesting a medical waiver for this PFA cycle? NOTE: If "Yes", <b>STOP</b>. Print PARFQ and schedule a medical appointment with primary HCP. If "No", (i.e., not requesting a medical waiver), proceed to question 4.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>4. Is your Periodic Health Assessment (PHA) out of date (i.e., more than one year has elapsed since your last PHA)?</p> <p>NOTE: If "Yes", <b>STOP</b>. Print this PARFQ. Schedule a medical appointment with primary HCP and take this PARFQ to the medical appointment. <b>PRT is NOT authorized until you complete the PHA</b>. If "No", proceed to question 5.</p>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<p>5. Have you experienced any of the following symptoms/problems since the last PFA cycle that were NOT evaluated by a health care provider?</p> <ul style="list-style-type: none"> <li>- Unexplained chest discomfort.</li> <li>- Unusual or unexplained shortness of breath.</li> <li>- Dizziness, fainting, or blackouts associated with exertion.</li> <li>- Other medical issues (including bone and joint problems) that would keep you from safely participating in the PRT.</li> </ul> <p>NOTE: If "Yes", <b>STOP</b>. Print PARFQ. Schedule a medical appointment with primary HCP to obtain a medical evaluation prior to the PRT. Authorized Medical Department Representative (AMDR)/HCP will endorse PARFQ after a health determination is confirmed. If "No", proceed to question 6.</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<p>6. Does either of the following apply to you?</p> <ul style="list-style-type: none"> <li>- Age 35 or older.</li> <li>- A family history of sudden death before the age of 50.</li> </ul> <p>NOTE: If "Yes", proceed to question 7. If "No", <b>STOP</b>. Print and Sign PARFQ. You may take the PRT.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>7. Have you been physically INACTIVE?</p> <p>"Inactive" means participating in less than 30 minutes of vigorous activity per session, 3 days per week over the last 3 months.</p> <p>"Vigorous activity" is defined as sweating and moderate to heavy increases in breathing and heart rate.</p> <p>NOTE: If "Yes", proceed to question 8. If "No", <b>STOP</b>. Print and Sign PARFQ. You may take the PRT.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>8. Does one (1) or more of the following apply to you?</p> <ul style="list-style-type: none"> <li>- Used any tobacco products in the last 30 days.</li> <li>- Diabetes.</li> <li>- High Blood Pressure that is not controlled.</li> <li>- Family history of heart disease at any age.</li> <li>- You are male and over 45 years of age OR you are female and over 55 years of age.</li> </ul> <p>NOTE: If "Yes", <b>STOP</b>. Save, Print, and Sign PARFQ. AMDR/HCP must review your current PHA before you may take the PRT. If "No", Print and Sign PARFQ. You may take the PRT.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No

Member Name (Last, First, MI):	PARFQ Date:	Date of Birth:	Date of Last PHA:	Member Signature (CAC Digital Signature Optional):
Lewis, Steven	Aug 17, 2016	Jun 1, 1975	Jun 15, 2016	

## PRT PARTICIPATION STATUS

<input type="checkbox"/> Member Cleared Waiver <b>NOT</b> Required			<input type="checkbox"/> Member Cleared Waiver Required			<input checked="" type="checkbox"/> Member <b>NOT</b> Cleared Waiver Required			
HCP/AMDR Name (Print):				HCP/AMDR Signature:				Date:	
C. Davis, MD, LCDR, USN								Aug 30, 2016	

**FOR OFFICIAL USE ONLY**  
**PRIVACY SENSITIVE**

# PHYSICAL FITNESS ASSESSMENT MEDICAL CLEARANCE/WAIVER

## SECTION 1

Completed by member

A. Command CFL TRAINING COURSE	B. UIC/RUIC 00001	C. CFL/POC INSTRUCTOR	D. CFL Telephone No. 123-45-6789
E. Reason for Referral			
Positive PARFQ Screening <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Expired PHA <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Age >= 50 years <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	No PRT in last year <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Injury/Illness <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

## SECTION 2

Completed by AMDR/Treating Provider

A. PRT Waiver			
Curl-Ups <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Push-Ups <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Cardio Event <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Waiver Expiration Date Dec 31, 2016
B. PRT Modifications			
CLEARED TO PARTICIPATE	PRT ACTIVITY	COMMENTS	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Treadmill		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Elliptical Trainer		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Stationary Bike		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Swim		
CLEARED TO PARTICIPATE	PHYSICAL TRAINING	COMMENTS	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Command Physical Training/Fitness Enhancement Program		
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Individual Physical Training		
C. AMDR/Treating Provider Name C. Davis, MD, LCDR, USN		D. AMDR/Treating Provider Signature	
		E. Date Aug 30, 2016	

## SECTION 3

Completed by Treating Physician and AMDR/AMDR Supervisor

A. BCA Waiver (Requires two signatures if granted)		
Waiver <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	AMDR/Treating Physician Signature	AMDR/AMDR Supervisor Signature
B. Reason IAW OPNAVINST 6110.1 (series) <input type="checkbox"/> Inability to obtain BCA measurement <input checked="" type="checkbox"/> Medical Treatment/Therapy		C. BCA Waiver Expiration Date Dec 31, 2016

## SECTION 4

Completed by AMDR

A. Member Cleared <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	B. PRT Waiver Recommended <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	C. BCA Waiver Recommended <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	D. Is member in LIMDU <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	E. LIMDU Expiration Date
F. AMDR Name R. Thomas, MD, LT, USN		G. AMDR Signature		H. Date Aug 31, 2016

## SECTION 5

CO Endorsement Required Prior to Input into PRIMs

A. Waiver Status			
Number Waivers in last 4 years	Meets MEB Requirements <input type="checkbox"/> Yes <input type="checkbox"/> No	CFL Signature	Date
B. PRT Waiver Approved <input type="checkbox"/> Yes <input type="checkbox"/> No	C. BCA Waiver Approved <input type="checkbox"/> Yes <input type="checkbox"/> No	D. Member CO/OIC Signature	E. Date

### PATIENT'S IDENTIFICATION (Use this space for mechanical imprint)

PATIENT'S NAME (Last, First, Middle Initial) Lewis, Steven		SEX M
SSN / IDENTIFICATION NO. XXX-XX-0023	STATUS AD	RANK/GRADE E-6
RECORDS MAINTAINED AT CFL Course		DATE OF BIRTH Jun 1, 1975



# PHYSICAL ACTIVITY RISK FACTOR QUESTIONNAIRE (PARFQ)

**NAVPERS 6110/3 (Rev. 11-2015) PREVIOUS EDITIONS ARE OBSOLETE** Supporting Directive OPNAVINST 6110.1J

## PRIVACY ACT STATEMENT

**AUTHORITY:** 10 U.S.C. 5013. Secretary of the Navy; OPNAVINST 6110.1J, Physical Readiness Program.

**PRIMARY PURPOSE:** The Physical Activity Risk Factor Questionnaire (PARFQ) is a self-screening tool required of all Navy members prior to participating in the semi-annual Physical Fitness Assessment (PFA). The form assists commands and medical personnel in identifying risk factors or changes in a member's health status since the completion of the annual Physical Health Assessment (PHA).

**ROUTINE USES:** Disclosures are permitted under 5 U.S.C. 552a(b), Privacy Act of 1974, as amended.

**DISCLOSURE:** Mandatory. Failure to fully disclose the requested information may inhibit the Navy's ability to properly assess your physical activity risk factors and may subject you to administrative actions.

<p>1. Do any of the following apply to you? <b>(For Females Only)</b></p> <ul style="list-style-type: none"> <li>- You are pregnant, or have reason to believe you could be pregnant.</li> <li>- You were pregnant and/or gave birth within the past 6 months.</li> <li>- You miscarried or gave birth to a live or stillborn child(ren) within the past 6 months.</li> <li>- You are currently undergoing in vitro fertilization (IVF) treatment, or have undergone IVF within the past 6 months.</li> </ul> <p>NOTE: If you answer "Yes" to any of the above you are <b>NOT authorized to participate in the Physical Fitness Assessment (PFA) this cycle</b>. Obtain a NAVMED 6000/10 from your Health Care Provider (HCP). If you answer "No", proceed to question 2.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>2. Did you fully participate in the last PFA cycle? (i.e., BCA, curl-ups, push-ups, cardio)</p> <p>NOTE: If "Yes", proceed to question 4. If "No", (i.e., medical waiver for all or part of PRT), proceed to question 3.</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<p>3. For the same reason(s) you were medically waived in question 2 above, are you requesting a medical waiver for this PFA cycle? NOTE: If "Yes", <b>STOP</b>. Print PARFQ and schedule a medical appointment with primary HCP. If "No", (i.e., not requesting a medical waiver), proceed to question 4.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>4. Is your Periodic Health Assessment (PHA) out of date (i.e., more than one year has elapsed since your last PHA)?</p> <p>NOTE: If "Yes", <b>STOP</b>. Print this PARFQ. Schedule a medical appointment with primary HCP and take this PARFQ to the medical appointment. <b>PRT is NOT authorized until you complete the PHA</b>. If "No", proceed to question 5.</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<p>5. Have you experienced any of the following symptoms/problems since the last PFA cycle that were NOT evaluated by a health care provider?</p> <ul style="list-style-type: none"> <li>- Unexplained chest discomfort.</li> <li>- Unusual or unexplained shortness of breath.</li> <li>- Dizziness, fainting, or blackouts associated with exertion.</li> <li>- Other medical issues (including bone and joint problems) that would keep you from safely participating in the PRT.</li> </ul> <p>NOTE: If "Yes", <b>STOP</b>. Print PARFQ. Schedule a medical appointment with primary HCP to obtain a medical evaluation prior to the PRT. Authorized Medical Department Representative (AMDR)/HCP will endorse PARFQ after a health determination is confirmed. If "No", proceed to question 6.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>6. Does either of the following apply to you?</p> <ul style="list-style-type: none"> <li>- Age 35 or older.</li> <li>- A family history of sudden death before the age of 50.</li> </ul> <p>NOTE: If "Yes", proceed to question 7. If "No", <b>STOP</b>. Print and Sign PARFQ. You may take the PRT.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>7. Have you been physically INACTIVE?</p> <p>"Inactive" means participating in less than 30 minutes of vigorous activity per session, 3 days per week over the last 3 months.</p> <p>"Vigorous activity" is defined as sweating and moderate to heavy increases in breathing and heart rate.</p> <p>NOTE: If "Yes", proceed to question 8. If "No", <b>STOP</b>. Print and Sign PARFQ. You may take the PRT.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>8. Does one (1) or more of the following apply to you?</p> <ul style="list-style-type: none"> <li>- Used any tobacco products in the last 30 days.</li> <li>- Diabetes.</li> <li>- High Blood Pressure that is not controlled.</li> <li>- Family history of heart disease at any age.</li> <li>- You are male and over 45 years of age OR you are female and over 55 years of age.</li> </ul> <p>NOTE: If "Yes", <b>STOP</b>. Save, Print, and Sign PARFQ. AMDR/HCP must review your current PHA before you may take the PRT. If "No", Print and Sign PARFQ. You may take the PRT.</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Member Name (Last, First, MI):	PARFQ Date:	Date of Birth:	Date of Last PHA:	Member Signature (CAC Digital Signature Optional):
Moore, Michael	Aug 19, 2016	Jun 1, 1975	Sep 7, 2016	

## PRT PARTICIPATION STATUS

☒ Member Cleared  
Waiver **NOT** Required

☐ Member Cleared  
Waiver Required

☐ Member **NOT** Cleared  
Waiver Required

HCP/AMDR Name (Print):	HCP/AMDR Signature:	Date:
C. Davis. MD, LCDR, USN		Sep 7, 2016

**FOR OFFICIAL USE ONLY**  
**PRIVACY SENSITIVE**



# PHYSICAL ACTIVITY RISK FACTOR QUESTIONNAIRE (PARFQ)

**NAVPERS 6110/3 (Rev. 11-2015) PREVIOUS EDITIONS ARE OBSOLETE** Supporting Directive OPNAVINST 6110.1J

## PRIVACY ACT STATEMENT

**AUTHORITY:** 10 U.S.C. 5013. Secretary of the Navy; OPNAVINST 6110.1J, Physical Readiness Program.

**PRIMARY PURPOSE:** The Physical Activity Risk Factor Questionnaire (PARFQ) is a self-screening tool required of all Navy members prior to participating in the semi-annual Physical Fitness Assessment (PFA). The form assists commands and medical personnel in identifying risk factors or changes in a member's health status since the completion of the annual Physical Health Assessment (PHA).

**ROUTINE USES:** Disclosures are permitted under 5 U.S.C. 552a(b), Privacy Act of 1974, as amended.

**DISCLOSURE:** Mandatory. Failure to fully disclose the requested information may inhibit the Navy's ability to properly assess your physical activity risk factors and may subject you to administrative actions.

<p>1. Do any of the following apply to you? <b>(For Females Only)</b></p> <ul style="list-style-type: none"> <li>- You are pregnant, or have reason to believe you could be pregnant.</li> <li>- You were pregnant and/or gave birth within the past 6 months.</li> <li>- You miscarried or gave birth to a live or stillborn child(ren) within the past 6 months.</li> <li>- You are currently undergoing in vitro fertilization (IVF) treatment, or have undergone IVF within the past 6 months.</li> </ul> <p>NOTE: If you answer "Yes" to any of the above you are <b>NOT authorized to participate in the Physical Fitness Assessment (PFA) this cycle</b>. Obtain a NAVMED 6000/10 from your Health Care Provider (HCP). If you answer "No", proceed to question 2.</p>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<p>2. Did you fully participate in the last PFA cycle? (i.e., BCA, curl-ups, push-ups, cardio)</p> <p>NOTE: If "Yes", proceed to question 4. If "No", (i.e., medical waiver for all or part of PRT), proceed to question 3.</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<p>3. For the same reason(s) you were medically waived in question 2 above, are you requesting a medical waiver for this PFA cycle? NOTE: If "Yes", <b>STOP</b>. Print PARFQ and schedule a medical appointment with primary HCP. If "No", (i.e., not requesting a medical waiver), proceed to question 4.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>4. Is your Periodic Health Assessment (PHA) out of date (i.e., more than one year has elapsed since your last PHA)?</p> <p>NOTE: If "Yes", <b>STOP</b>. Print this PARFQ. Schedule a medical appointment with primary HCP and take this PARFQ to the medical appointment. <b>PRT is NOT authorized until you complete the PHA</b>. If "No", proceed to question 5.</p>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<p>5. Have you experienced any of the following symptoms/problems since the last PFA cycle that were NOT evaluated by a health care provider?</p> <ul style="list-style-type: none"> <li>- Unexplained chest discomfort.</li> <li>- Unusual or unexplained shortness of breath.</li> <li>- Dizziness, fainting, or blackouts associated with exertion.</li> <li>- Other medical issues (including bone and joint problems) that would keep you from safely participating in the PRT.</li> </ul> <p>NOTE: If "Yes", <b>STOP</b>. Print PARFQ. Schedule a medical appointment with primary HCP to obtain a medical evaluation prior to the PRT. Authorized Medical Department Representative (AMDR)/HCP will endorse PARFQ after a health determination is confirmed. If "No", proceed to question 6.</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<p>6. Does either of the following apply to you?</p> <ul style="list-style-type: none"> <li>- Age 35 or older.</li> <li>- A family history of sudden death before the age of 50.</li> </ul> <p>NOTE: If "Yes", proceed to question 7. If "No", <b>STOP</b>. Print and Sign PARFQ. You may take the PRT.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>7. Have you been physically INACTIVE?</p> <p>"Inactive" means participating in less than 30 minutes of vigorous activity per session, 3 days per week over the last 3 months.</p> <p>"Vigorous activity" is defined as sweating and moderate to heavy increases in breathing and heart rate.</p> <p>NOTE: If "Yes", proceed to question 8. If "No", <b>STOP</b>. Print and Sign PARFQ. You may take the PRT.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>8. Does one (1) or more of the following apply to you?</p> <ul style="list-style-type: none"> <li>- Used any tobacco products in the last 30 days.</li> <li>- Diabetes.</li> <li>- High Blood Pressure that is not controlled.</li> <li>- Family history of heart disease at any age.</li> <li>- You are male and over 45 years of age OR you are female and over 55 years of age.</li> </ul> <p>NOTE: If "Yes", <b>STOP</b>. Save, Print, and Sign PARFQ. AMDR/HCP must review your current PHA before you may take the PRT. If "No", Print and Sign PARFQ. You may take the PRT.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No

Member Name (Last, First, MI): Smith, Mary	PARFQ Date: Aug 17, 2016	Date of Birth: Jun 1, 1995	Date of Last PHA: Jun 15, 2016	Member Signature (CAC Digital Signature Optional):
---	-----------------------------	-------------------------------	-----------------------------------	--

## PRT PARTICIPATION STATUS

<input type="checkbox"/> Member Cleared Waiver <b>NOT</b> Required			<input type="checkbox"/> Member Cleared Waiver Required			<input checked="" type="checkbox"/> Member <b>NOT</b> Cleared Waiver Required			
HCP/AMDR Name (Print): R. Thomas, MD, LT, USN				HCP/AMDR Signature:				Date: Aug 22, 2016	

**FOR OFFICIAL USE ONLY**  
**PRIVACY SENSITIVE**



Naval Medical Center Portsmouth

Date: 22 AUG 2016

From: Robert Thomas, MD, MC, USN  
To: CFL Course OIC  
Subj: MARY SMITH (SSN: xxx-xx-0001)  
Ref: (a) OPNAVINST 6000.1C

1. This is to notify you that a member of your command, Ensign Mary Smith, is pregnant. Using current dating information, her estimated date of confinement is 17 MAR 2017. This would make her 20<sup>th</sup> week about 29 OCT 2016 and her 28<sup>th</sup> week about 24 DEC 2016.

2. Pregnancy is a condition that includes a range of physiological changes that can potentially lead to clinical findings that would result in your command having to modify the servicewoman's job function/working hours. In addition, certain unforeseen conditions related to the pregnancy may arise that could warrant specific medical interaction and further physical limitation of the servicewoman's activities.

3. Please refer to reference (a), which provides current administrative guidance concerning pregnant servicewomen. This guidance is intended to promote uniformity in the medical administrative management of pregnancies for women in the Navy and Marine Corps.

*RThomas*

**R. Thomas, MD USN**

# PHYSICAL ACTIVITY RISK FACTOR QUESTIONNAIRE (PARFQ)

**NAVPERS 6110/3 (Rev. 11-2015) PREVIOUS EDITIONS ARE OBSOLETE** Supporting Directive OPNAVINST 6110.1J

## PRIVACY ACT STATEMENT

**AUTHORITY:** 10 U.S.C. 5013. Secretary of the Navy; OPNAVINST 6110.1J, Physical Readiness Program.

**PRIMARY PURPOSE:** The Physical Activity Risk Factor Questionnaire (PARFQ) is a self-screening tool required of all Navy members prior to participating in the semi-annual Physical Fitness Assessment (PFA). The form assists commands and medical personnel in identifying risk factors or changes in a member's health status since the completion of the annual Physical Health Assessment (PHA).

**ROUTINE USES:** Disclosures are permitted under 5 U.S.C. 552a(b), Privacy Act of 1974, as amended.

**DISCLOSURE:** Mandatory. Failure to fully disclose the requested information may inhibit the Navy's ability to properly assess your physical activity risk factors and may subject you to administrative actions.

<p>1. Do any of the following apply to you? <b>(For Females Only)</b></p> <ul style="list-style-type: none"> <li>- You are pregnant, or have reason to believe you could be pregnant.</li> <li>- You were pregnant and/or gave birth within the past 6 months.</li> <li>- You miscarried or gave birth to a live or stillborn child(ren) within the past 6 months.</li> <li>- You are currently undergoing in vitro fertilization (IVF) treatment, or have undergone IVF within the past 6 months.</li> </ul> <p>NOTE: If you answer "Yes" to any of the above you are <b>NOT authorized to participate in the Physical Fitness Assessment (PFA) this cycle</b>. Obtain a NAVMED 6000/10 from your Health Care Provider (HCP). If you answer "No", proceed to question 2.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>2. Did you fully participate in the last PFA cycle? (i.e., BCA, curl-ups, push-ups, cardio)</p> <p>NOTE: If "Yes", proceed to question 4. If "No", (i.e., medical waiver for all or part of PRT), proceed to question 3.</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<p>3. For the same reason(s) you were medically waived in question 2 above, are you requesting a medical waiver for this PFA cycle? NOTE: If "Yes", <b>STOP</b>. Print PARFQ and schedule a medical appointment with primary HCP. If "No", (i.e., not requesting a medical waiver), proceed to question 4.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>4. Is your Periodic Health Assessment (PHA) out of date (i.e., more than one year has elapsed since your last PHA)?</p> <p>NOTE: If "Yes", <b>STOP</b>. Print this PARFQ. Schedule a medical appointment with primary HCP and take this PARFQ to the medical appointment. <b>PRT is NOT authorized until you complete the PHA</b>. If "No", proceed to question 5.</p>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<p>5. Have you experienced any of the following symptoms/problems since the last PFA cycle that were NOT evaluated by a health care provider?</p> <ul style="list-style-type: none"> <li>- Unexplained chest discomfort.</li> <li>- Unusual or unexplained shortness of breath.</li> <li>- Dizziness, fainting, or blackouts associated with exertion.</li> <li>- Other medical issues (including bone and joint problems) that would keep you from safely participating in the PRT.</li> </ul> <p>NOTE: If "Yes", <b>STOP</b>. Print PARFQ. Schedule a medical appointment with primary HCP to obtain a medical evaluation prior to the PRT. Authorized Medical Department Representative (AMDR)/HCP will endorse PARFQ after a health determination is confirmed. If "No", proceed to question 6.</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<p>6. Does either of the following apply to you?</p> <ul style="list-style-type: none"> <li>- Age 35 or older.</li> <li>- A family history of sudden death before the age of 50.</li> </ul> <p>NOTE: If "Yes", proceed to question 7. If "No", <b>STOP</b>. Print and Sign PARFQ. You may take the PRT.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>7. Have you been physically INACTIVE?</p> <p>"Inactive" means participating in less than 30 minutes of vigorous activity per session, 3 days per week over the last 3 months.</p> <p>"Vigorous activity" is defined as sweating and moderate to heavy increases in breathing and heart rate.</p> <p>NOTE: If "Yes", proceed to question 8. If "No", <b>STOP</b>. Print and Sign PARFQ. You may take the PRT.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>8. Does one (1) or more of the following apply to you?</p> <ul style="list-style-type: none"> <li>- Used any tobacco products in the last 30 days.</li> <li>- Diabetes.</li> <li>- High Blood Pressure that is not controlled.</li> <li>- Family history of heart disease at any age.</li> <li>- You are male and over 45 years of age OR you are female and over 55 years of age.</li> </ul> <p>NOTE: If "Yes", <b>STOP</b>. Save, Print, and Sign PARFQ. AMDR/HCP must review your current PHA before you may take the PRT. If "No", Print and Sign PARFQ. You may take the PRT.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No

Member Name (Last, First, MI):	PARFQ Date:	Date of Birth:	Date of Last PHA:	Member Signature (CAC Digital Signature Optional):
Walker, Brian,	Aug 17, 2016	Jun 1, 1995	Jul 12, 2016	

## PRT PARTICIPATION STATUS

<input type="checkbox"/> Member Cleared Waiver <b>NOT</b> Required			<input checked="" type="checkbox"/> Member Cleared Waiver Required			<input type="checkbox"/> Member <b>NOT</b> Cleared Waiver Required			
HCP/AMDR Name (Print):				HCP/AMDR Signature:				Date:	
K. Smith, MD, CDR, USN								Sep 9, 2016	

**FOR OFFICIAL USE ONLY**  
**PRIVACY SENSITIVE**

# PHYSICAL FITNESS ASSESSMENT MEDICAL CLEARANCE/WAIVER

## SECTION 1

Completed by member

A. Command CFL TRAINING COURSE	B. UIC/RUIC 00001	C. CFL/POC INSTRUCTOR	D. CFL Telephone No. 123-45-6789
E. Reason for Referral			
Positive PARFQ Screening <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Expired PHA <input type="checkbox"/> Yes <input type="checkbox"/> No	Age >= 50 years <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	No PRT in last year <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Injury/Illness <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

## SECTION 2

Completed by AMDR/Treating Provider

A. PRT Waiver			
Curl-Ups <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Push-Ups <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Cardio Event <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Waiver Expiration Date Nov 20, 2016
B. PRT Modifications			
CLEARED TO PARTICIPATE	PRT ACTIVITY	COMMENTS	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Treadmill		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Elliptical Trainer		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Stationary Bike		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Swim		
CLEARED TO PARTICIPATE	PHYSICAL TRAINING	COMMENTS	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Command Physical Training/Fitness Enhancement Program		
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Individual Physical Training	Lower Body Only	
C. AMDR/Treating Provider Name K. Smith, MD, CDR, USN		D. AMDR/Treating Provider Signature	
		E. Date Sept 9, 2016	

## SECTION 3

Completed by Treating Physician and AMDR/AMDR Supervisor

A. BCA Waiver (Requires two signatures if granted)		
Waiver <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	AMDR/Treating Physician Signature	AMDR/AMDR Supervisor Signature
B. Reason IAW OPNAVINST 6110.1 (series) <input type="checkbox"/> Inability to obtain BCA measurement <input type="checkbox"/> Medical Treatment/Therapy		C. BCA Waiver Expiration Date

## SECTION 4

Completed by AMDR

A. Member Cleared <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	B. PRT Waiver Recommended <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	C. BCA Waiver Recommended <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	D. Is member in LIMDU <input type="checkbox"/> Yes <input type="checkbox"/> No	E. LIMDU Expiration Date
F. AMDR Name K. Smith, MD, CDR, USN		G. AMDR Signature		H. Date

## SECTION 5

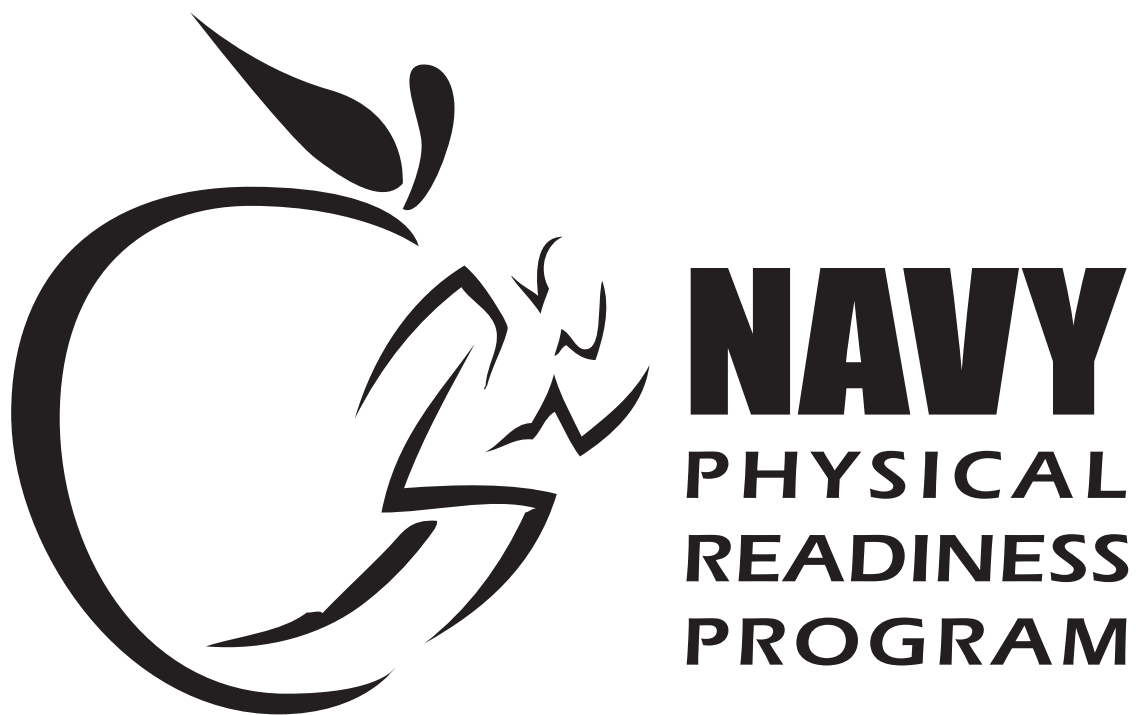
CO Endorsement Required Prior to Input into PRIMs

A. Waiver Status			
Number Waivers in last 4 years	Meets MEB Requirements <input type="checkbox"/> Yes <input type="checkbox"/> No	CFL Signature	Date
B. PRT Waiver Approved <input type="checkbox"/> Yes <input type="checkbox"/> No	C. BCA Waiver Approved <input type="checkbox"/> Yes <input type="checkbox"/> No	D. Member CO/OIC Signature	E. Date

### PATIENT'S IDENTIFICATION (Use this space for mechanical imprint)

PATIENT'S NAME (Last, First, Middle Initial) Walker, Brian		SEX M
SSN / IDENTIFICATION NO. XXX-XX-0025	STATUS AD	RANK/GRADE E-4
RECORDS MAINTAINED AT CFL COURSE		DATE OF BIRTH Jun 1, 1995

# **Command Fitness Leader**



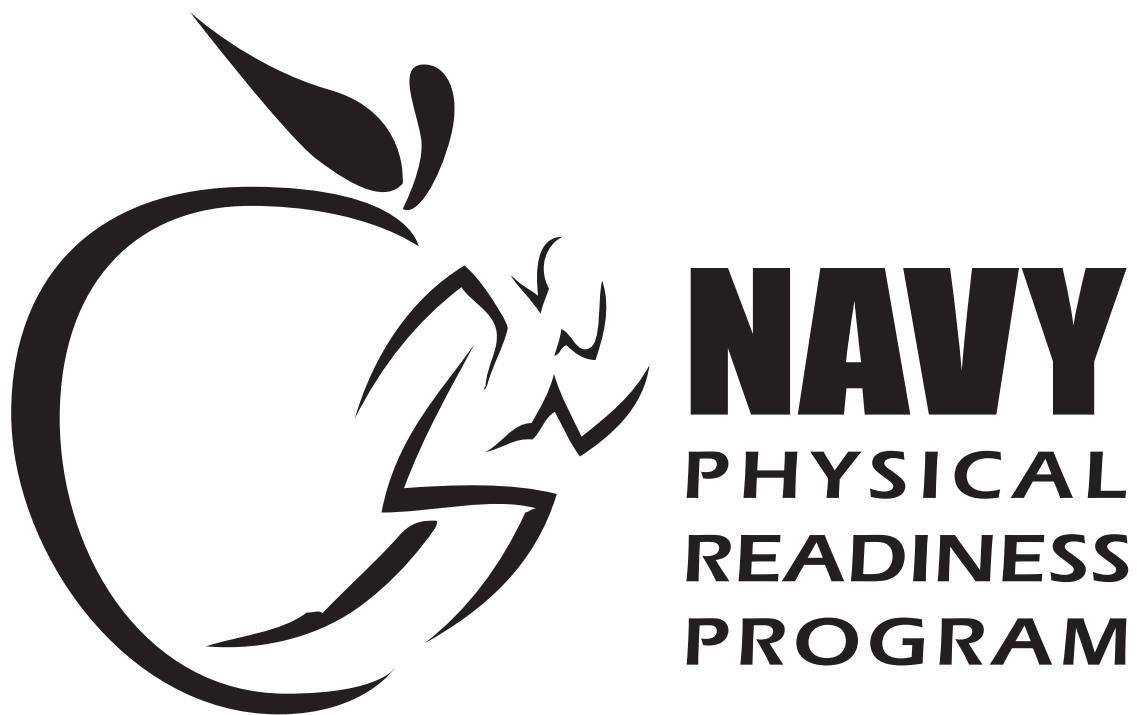
**PFA Decision Making Activity  
(BCA - Height & Weight)**

## PFA Decision Making Activity

### BCA Height and Weight Results:

Last Name	First Name	Sex	Height (in)	Weight (lbs)
Anderson	David	M	74	220
Brown	Elizabeth	F	68	180
Garcia	Paul	M	60	125
Jackson	Charles	M	62	152
Lee	Edward	M	74	200
Lewis	Steven	M	-	-
Martin	Christopher	M	70	175
Moore	Michael	M	68	195
Smith	Mary	F	-	-
Thompson	Daniel	M	72	205
Walker	Brian	M	60	135

# **Command Fitness Leader**



**PFA Decision Making Activity  
(BCA - Measurements)**

## PFA Decision Making Activity

### BCA Measurement Results:

Last Name	First Name	Sex	Age	A/C measurement	Abdomen/waist (jn)	Hip (in)	Neck (in)
Anderson	David	M	27	39.5	38	-	16
Brown	Elizabeth	F	32	36	34	40	15
Garcia	Paul	M	42		-	-	-
Jackson	Charles	M	37	36		-	
Lee	Edward	M	47		-	-	-
Lewis	Steven	M	42		-	-	-
Martin	Christopher	M	27		-	-	-
Moore	Michael	M	42	41	40	-	16
Smith	Mary	F	22		-	-	-
Thompson	Daniel	M	32	40.5	39	-	16
Walker	Brian	M	22		-	-	-



# PHYSICAL FITNESS ASSESSMENT MEDICAL CLEARANCE/WAIVER

## SECTION 1

Completed by member

A. Command CFL COURSE	B. UIC/RUIC 00001	C. CFL/POC INSTRUCTOR	D. CFL Telephone No. 123-45-6789
E. Reason for Referral			
Positive PARFQ Screening <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expired PHA <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Age >= 50 years <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	No PRT in last year <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Injury/Illness <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

## SECTION 2

Completed by AMDR/Treating Provider

A. PRT Waiver			
Curl-Ups <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Push-Ups <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Cardio Event <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Waiver Expiration Date
B. PRT Modifications			
CLEARED TO PARTICIPATE	PRT ACTIVITY	COMMENTS	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Treadmill		
<input type="checkbox"/> Yes <input type="checkbox"/> No	Elliptical Trainer		
<input type="checkbox"/> Yes <input type="checkbox"/> No	Stationary Bike		
<input type="checkbox"/> Yes <input type="checkbox"/> No	Swim		
CLEARED TO PARTICIPATE	PHYSICAL TRAINING	COMMENTS	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Command Physical Training/Fitness Enhancement Program		
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Individual Physical Training		
C. AMDR/Treating Provider Name C. Davis, MD, LCDR, USN		D. AMDR/Treating Provider Signature	
		E. Date Oct 3, 2016	

## SECTION 3

Completed by Treating Physician and AMDR/AMDR Supervisor

A. BCA Waiver (Requires two signatures if granted)		
Waiver <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	AMDR/Treating Physician Signature	AMDR/AMDR Supervisor Signature
B. Reason IAW OPNAVINST 6110.1 (series) <input type="checkbox"/> Inability to obtain BCA measurement <input type="checkbox"/> Medical Treatment/Therapy		C. BCA Waiver Expiration Date

## SECTION 4

Completed by AMDR

A. Member Cleared <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	B. PRT Waiver Recommended <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	C. BCA Waiver Recommended <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	D. Is member in LIMDU <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	E. LIMDU Expiration Date
F. AMDR Name C. Davis, MD, LCDR, USN		G. AMDR Signature		H. Date Oct 3, 2016

## SECTION 5

CO Endorsement Required Prior to Input into PRIMS

A. Waiver Status			
Number Waivers in last 4 years	Meets MEB Requirements <input type="checkbox"/> Yes <input type="checkbox"/> No	CFL Signature	Date
B. PRT Waiver Approved <input type="checkbox"/> Yes <input type="checkbox"/> No	C. BCA Waiver Approved <input type="checkbox"/> Yes <input type="checkbox"/> No	D. Member CO/OIC Signature	E. Date

### PATIENT'S IDENTIFICATION (Use this space for mechanical imprint)

PATIENT'S NAME (Last, First, Middle Initial) Martin, Christopher		SEX M
SSN / IDENTIFICATION NO. XXX-XX-0004	STATUS AD	RANK/GRADE E-5
RECORDS MAINTAINED AT CFL COURSE		DATE OF BIRTH Jun 1, 1990



# **Command Fitness Leader**



**NAVY**  
**PHYSICAL**  
**READINESS**  
**PROGRAM**

**PFA Decision Making Activity  
(PRT Results)**

## PFA Decision Making Activity

### PRT Results:

Last Name	First Name	Rank	Sex	Age	Curl-ups	Push-ups	Run/Walk
Anderson	David	O-2	M	27	55	61	11:20
Brown	Elizabeth	E-5	F	32	90	45	11:58
Garcia	Paul	E-6	M	42	-	-	-
Jackson	Charles	E-6	M	37	45	40	13:30
Lee	Edward	E-8	M	47	40	30	-
Lewis	Steven	E-6	M	42	-	-	-
Martin	Christopher	E-5	M	27	75	60	14:30
Moore	Michael	O-4	M	42	37	26	14:22
Smith	Mary	O-1	F	22	-	-	-
Thompson	Daniel	E-6	M	32	81	54	11:30
Walker	Brian	E-4	M	22	90	-	11:25

**TRAINEE GUIDE**

**FOR**

**COMMAND FITNESS LEADER CERTIFICATION COURSE**

**S-562-0612A CHANGE 6**

**PREPARED BY**

**OPNAV N170B**

**5720 INTEGRITY DRIVE**  
**MILLINGTON, TENNESSEE 38055**

**JANUARY 2016**

LIST OF EFFECTIVE ELEMENTS

Element No.	Change In Effect	Element No.	Change In Effect
Title Page	Change 3	Diagram Sheet 1-19-1	Change 3
List of Effective Elements	Change 3	Assignment Sheet 1-13-2	Change 4
Change Record	Change 3		
Table of Contents	Change 3		
Security Awareness Notice	Change 1		
Safety/Hazard Awareness Notice	Change 1		
Terminal Objectives	Change 1		
Course Master Schedule	Change 3		
Diagram Sheet 1-1-1	Change 3		
Diagram Sheet 1-1-2	Change 3		
Diagram Sheet 1-1-3	Change 3		
Diagram Sheet 1-1-4	Change 3		
Diagram Sheet 1-1-5	Change 1		
Diagram Sheet 1-1-6	Change 1		
Diagram Sheet 1-1-7	Change 2		
Diagram Sheet 1-1-8	Change 2		
Diagram Sheet 1-7-1	Change 1		
Diagram Sheet 1-10-1	Change 3		
Diagram Sheet 1-11-1	Change 3		
Assignment Sheet 1-13-1	Change 3		
Assignment Sheet 1-13-2	Change 3		
Assignment Sheet 1-13-3	Change 3		
Assignment Sheet 1-16-1	Change 3		
Diagram Sheet 1-17-1	Change 3		

## CHANGE RECORD

[illegible]

TABLE OF CONTENTS

<u>Contents</u>	<u>Page</u>
Title Page.....	i
List of Effective Elements.....	ii
Change Record.....	iii
Security Awareness Notice.....	v
Safety/Hazard Awareness Notice.....	vi
Terminal Objectives.....	viii
Course Master Schedule .....	ix
 Unit 1 - Manage the Command Physical Readiness Program	
 Lesson Topic 1.1 - Gym Session 1: Dynamic Warm-up, Cool-down, and Stretches	
DIAGRAM SHEET 1-1-1 Level 1 Dynamic Warm-up Exercises.....	1
DIAGRAM SHEET 1-1-2 Level 2 Dynamic Warm-up Exercises.....	3
DIAGRAM SHEET 1-1-3 Level 3 Dynamic Warm-up Exercises.....	5
DIAGRAM SHEET 1-1-4 Dynamic Warm-up Exercises - Quick Reference.....	7
DIAGRAM SHEET 1-1-5 Alternate Dynamic Warm-up Exercises.....	10
DIAGRAM SHEET 1-1-6 Standardized PRT Warm-up .....	15
DIAGRAM SHEET 1-1-7 Contraindicated Stretches .....	16
DIAGRAM SHEET 1-1-8 Navy 12 Top Stretches.....	18
 Lesson Topic 1.7 - Exercise Principles and Programming	
DIAGRAM SHEET 1-7-1 Calculating Target Heart Rate Zone Worksheet .....	21
 Lesson Topic 1.10 - Gym Session 2: Strength Training	
DIAGRAM SHEET 1-10-1 Strength Training Exercises .....	22
 Lesson Topic 1.11 - Improving Physical Readiness Test (PRT) Scores	
DIAGRAM SHEET 1-11-1 Interval Training to Improve 1.5 Mile Run Time .....	25
 Lesson Topic 1.13 - Weight Management	
ASSIGNMENT SHEET 1-13-1 Day 1 Homework .....	26
ASSIGNMENT SHEET 1-13-2 Day 2 Homework .....	32
ASSIGNMENT SHEET 1-13-3 Day 3 Homework .....	33
 Lesson Topic 1.16 - Fitness Enhancement Program (FEP)	
ASSIGNMENT SHEET 1-16-1 Fitness Programming .....	34
 Lesson Topic 1.17 - Gym Session 3: Cardio-respiratory Conditioning	
DIAGRAM SHEET 1-17-1 Speed Training Exercises.....	40



---

SECURITY AWARENESS NOTICE

This course does not contain any classified material.

## SAFETY/HAZARD AWARENESS NOTICE

All personnel involved in operation or maintenance of electronic equipment must be thoroughly familiar with the electronic equipment safety precautions contained in Electronic Installation and Maintenance Book, General, NAVSEA SE000-00-EIM-100, Section 3, and Naval Ships' Technical Manual, Chapter 300, S9086-KC-STM-010/CH-300, Section 2. In addition, attention is directed to the Navy Safety Program Instructions, OPNAVINST 5100.19 (series) and 5100.23 (series), and the safety training requirements contained in NPDCINST 5100.1 (series).

This equipment employs voltages, which are dangerous and may be fatal if contacted by operating or maintenance personnel. There are mechanical safety devices associated with this equipment that must be maintained in a constant state of readiness to preclude causing injury to personnel and/or damage to equipment. Extreme caution must be exercised when working with or handling this equipment. Some components are extremely heavy. Rigid pre-inspections must be made to handling equipment to ensure their safety and safety summaries must be read to the handling teams prior to conducting dangerous evolutions. Hazard awareness dictates that this equipment must always be viewed as an integral part of a system and not as a component. While every practical precaution has been incorporated into this equipment, it is not possible or practical to try to list every condition or hazard that you may encounter. Therefore, all operating or maintenance personnel must at all times observe as a minimum, the following:

### DON'T SERVICE OR ADJUST ALONE

Under no circumstances will a person operate or maintain equipment without the immediate presence or assistance of another person capable of rendering aid. Unless under direct supervision of a qualified person, no person shall operate or maintain equipment for which he is unqualified.

### DON'T TAMPER WITH INTERLOCKS

Reliance on interlock circuits to remove power from the equipment is never to be assumed. Until operation of the interlock is verified, equipment is assumed to be in the hazardous mode of operation. Under no circumstances will any access gate, door, or interlock switch be removed, bypassed, or modified in any way by other than authorized maintenance personnel and then only after observing proper tag-out procedures.

### REPORT ALL HAZARDS

If at any time you detect a hazard, it is your responsibility to report the hazard to ensure that it is corrected. If at any time you detect a "new" or "suspected new" hazard, particularly due to equipment installation, modification, or repair, it is your responsibility to ensure that a SAFETYGRAM is submitted to the Naval Safety Center, Norfolk, VA, in accordance with OPNAVINST 5102.1 (series). This will ensure that this hazard will be investigated, publicized, or corrected, as required.

Additionally, SSPINST 3100.1 (series) requires SWS personnel to submit special check TFRs when a potential or actual unsafe condition is noticed that could cause injury to personnel and/or damage to equipment. When a problem/failure occurs involving the safety of personnel or equipment and it cannot be immediately resolved by command/technical assistance on-site, the TFR data shall be transmitted to SSP and others by Naval Message.

### SAFETY - "TRAINING TIME OUT"

In any training situation when a student or instructor expresses concern for personal safety, it is an indication that a need for clarification of procedures or requirements exists and a "Training Time Out" shall be called. An individual should verbally call "TRAINING TIME OUT" (TTO) if they detect a hazardous condition during any teaching session (lab or theory), or raise a clenched fist to indicate a "TRAINING TIME OUT" (TTO) if the verbal command cannot be heard. Training activities will be suspended until the hazardous situation has been examined and additional explanation and instruction has

SAFETY/HAZARD AWARENESS NOTICE - Continued

been provided to allow safe resumption of training. Caution should be used to ensure a halt to a procedure does not result in additional hazards. TTO follow-up procedures will be performed in accordance with CNPDCINST 5100.1 (Series).

PRE-MISHAP PLAN

The Pre-Mishap plan explains the procedures to follow and essential telephone numbers to call in case of an accident or emergency. It is located by the emergency exit in the laboratory.

# TERMINAL OBJECTIVES

- 1.0 DESCRIBE how to assist personnel in establishing personal fitness goals using own words, in accordance with Physical Readiness Program, OPNAVINST 6110.1 (Series)
- 2.0 DESCRIBE how to manage the command Physical Readiness Program using own words, in accordance with Physical Readiness Program, OPNAVINST 6110.1 (Series)
- 3.0 DESCRIBE all Physical Readiness Program testing and measuring requirements using own words, in accordance with Physical Readiness Program, OPNAVINST 6110.1 (Series)
- 4.0 DEFINE the safety precautions to take for all Physical Readiness Program events using own words, in accordance with Physical Readiness Program, OPNAVINST 6110.1 (Series)
- 5.0 DESCRIBE how to assist personnel in establishing weight control goals using own words, in accordance with Physical Readiness Program, OPNAVINST 6110.1 (Series)
- 6.0 DESCRIBE how to use PRIMS to manage data on command members using own words, in accordance with Physical Readiness Program, OPNAVINST 6110.1 (Series)

COURSE MASTER SCHEDULE

S-562-0612A

**WEEK 1**

**Day 1**

**Topic**

<b>No.</b>	<b>Type</b>	<b>Period</b>	<b>Topic Title</b>	<b>Period Length</b>	<b>Ratio</b>	<b>BottleNeck Ratio</b>
	Special	1	Registration, Screening, and BCA	60	25:1	
	Special	2	PRT	60	25:1	
1.1	Lab	3	Gym Session 1: Dynamic Warm-up, Cool-down, and Stretches	60	25:1	
1.1	Lab	4	Gym Session 1: Dynamic Warm-up, Cool-down, and Stretches	60	25:1	
	Special	5	Course Introduction and Pre-Test	60	25:1	
1.2	Class	6	Impact of Physical Fitness on Mission Readiness	60	25:1	
1.3	Class	7	Actions/Responsibilities for the Physical Readiness Program	60	25:1	
1.4	Class	8	Proper Conduct of the Physical Fitness Assessment (PFA)	60	25:1	
1.13	PA	21	Homework Assignment #1	20	25:1	

**Day 2**

1.5	Class	9	Medical Screening and Waivers	60	25:1	
1.5	Lab	10	PFA Decision Making Activity: Medical Screening and Waivers	60	25:1	
1.6	Class	11	Leading Command Physical Training (PT)	60	25:1	
1.7	Class	12	Exercise Principles and Programming	60	25:1	
1.8	Class	13	Physical Readiness Program Safety and Injury Prevention	60	25:1	
1.9	Class	14	Physical Readiness Test (PRT)	60	25:1	
1.9	Lab	15	PFA Decision Making Activity: Physical Readiness Test	60	25:1	
1.10	Lab	16	Gym Session 2: Strength Training	60	25:1	
1.10	Lab	17	Gym Session 2: Strength Training	60	25:1	
1.13	PA	22	Homework Assignment #2	20	25:1	

**Day 3**

1.12	Class	19	Foundational Nutrition	60	25:1	
1.13	Class	20	Weight Management	60	25:1	
1.13	PA	23	Homework Assignment #3	20	25:1	
1.14	Class	25	Navy Health Promotion and Wellness	30	25:1	
1.15	Class	26	Body Composition Assessment (BCA)	60	25:1	
1.15	Lab	27	Body Composition Assessment: Demonstration and Group Tapings	60	25:1	
1.15	Lab	28	PFA Decision Making Activity: Body Composition Assessment	60	25:1	
1.16	Class	29	Fitness Enhancement Program (FEP)	60	25:1	
1.17	Lab	31	Gym Session 3: Cardio-respiratory Conditioning	60	25:1	
1.17	Lab	32	Gym Session 3: Cardio-respiratory Conditioning	60	25:1	

**Day 4**

COURSE MASTER SCHEDULE - Continued

1.11	Class	18	Improving Physical Readiness Test (PRT) Scores	60	25:1
1.16	Lab	30	Group Presentations Preparation	60	25:1
1.18	Class	33	PRIMS	60	25:1
1.18	Class	34	PRIMS	60	25:1
1.19	Class	35	Administrative Actions	60	25:1
1.19	Lab	36	PFA Decision Making Activity: Administrative Actions	60	25:1
1.20	Lab	37	Gym Session 4: Navy Operational Fitness and Fueling System (NOFFS)	60	25:1
1.20	Lab	38	Gym Session 4: Navy Operational Fitness and Fueling System (NOFFS)	60	25:1
<b>Day 5</b>					
1.13	PA	24	Homework Review	30	25:1
1.21	Class	39	Frequently Asked Questions	60	25:1
	Special	40	Post-Test	60	25:1
1.22	Lab	41	Gym Session 5: Circuit Training / Group Presentations	60	25:1
1.22	Lab	42	Gym Session 5: Circuit Training / Group Presentations	60	25:1
	Special	43	Course Evaluation and Graduation	60	25:1

DIAGRAM SHEET 1-1-1

LEVEL 1 DYNAMIC WARM-UP EXERCISES

**Pillar Bridge (30 Sec Hold):**



- Push up tall on your elbows & tuck chin so head is in line with body
- Maintain a straight line from ears to ankle
- Feet shoulder width apart
- Hold for 30 Seconds

**Lateral Pillar Bridge (30 Sec Hold):**



- Lie on your side with forearm on the deck under your shoulder – feet stacked together
- Keep body in a straight line from your ear to your ankles
- Hold for 30 seconds
- Complete for time, repeat on opposite side

**Glute Bridge (30 Sec Hold):**



- Lift hips to create a line through knees, hips & shoulders
- Keep back flat & torso engaged throughout the movement
- Keep toes pulled up to your shins
- Hold for 30 seconds

**Chest Press with Shoulder Press:**



- Simulate performing a push-up in the air in front of your body
- Once you get back to the starting position, proceed into an overhead shoulder press
- Make sure you use a narrow hand-stance and keep elbows tucked in during the shoulder press to ensure you are engaging the tricep (back arm) muscle

**Knee Hug:**



- Lift one leg off the ground and squat back and down on the opposite leg
- Take hold just below your knee & pull towards your chest as you stand tall on the opposite leg
- Keep your weight in the middle of your foot, chest up & contract the glute of your stance leg
- Move with control, & alternate sides each rep

### Basic Squat:



- Stand with feet slight wider than shoulder width apart.
- Squat down to a comfortable depth (this will vary from member to member)
- Do not go below thighs parallel to the deck (i.e., a 90 degree bend in the knees)
- Return to starting position
- To make this exercise more difficult, perform a 3 count down and a one count up
- The 3 countdown will also be slower and will allow the members to focus on good technique (knees remains above the ankle and all movement will be performed at the hips/buttock lowering down)

### Knee Blocks:



- With both arms raised above your head, contract your abs and lower both arms to your right knee to perform a knee block
- Perform a certain number of repetitions
- Repeat on left side
- Perform alternating knee block by alternating from right to left side after one repetition

### Jumping Jacks:



- Stand with arms at your sides, feet straight and close together
- Bend knees and jump up while spreading arms and legs at the same time.
- Lift arms to ears and open your feet to wider than shoulder width
- As you return from jumping up bring your arms back down to your sides and at the same time bring your feet back together
- Perform basic jumping jacks using the 4 count military cadence



DIAGRAM SHEET 1-1-2

LEVEL 2 DYNAMIC WARM-UP EXERCISES

**Plank with Arm Lift (30 Sec Hold):**



- Assume pillar position with feet wider than shoulder width apart
- Engage torso & alternate reaching up & out with arms – 2 second hold
- Keep shoulders & hips square to deck with arm reach

**Dynamic Lateral Pillar Bridge:**



- Lie on your side with your forearm on the deck under your shoulder – feet stacked together
- Push your hips off the deck, creating a straight line from ear to ankle, hold for 1-2 sec & return to starting position
- Repeat for reps & repeat on opposite side

**Glute Bridge with Knee Extension:**



- Lift hips to create a line through knees, hips & shoulders
- Alternate extending knees – hold 2 sec. ea
- Keep back flat & torso engaged & head on the deck throughout the movement

**Y's (Bent Over):**



- Hinge at waist, back flat & chest up
- Glide shoulder blades back & down & raise your arms over your head to form a Y
- Initiate movement with shoulder blades, not arms & keep thumbs up throughout
- Lower arms back to start & repeat for reps

### Reverse Lunge with Rotation:



- Contract your back glute at the bottom of the lunge
- Rotate your torso towards the direction of your forward leg
- Keep chest up, don't let your back knee touch the ground
- Alternate sides each rep

### Split Squat:



- Take a low split position with your weight primarily supported on your front leg
- Keep your torso engaged, tall posture and don't let knee touch the deck
- Alternate legs every 5 seconds until working time elapsed

### 3 Sidestep Touch the Deck:



- In the defensive position, take 3 side steps to the right and touch the deck
- Make sure to maintain a partial squat and remain low
- Return to defensive position and take 3 side steps to the left and touch the deck
- This completes one repetition

### Jump Rope:



- Simulate jumping rope to prepare the body for high impact activity
- This should NOT be one of your first warm-up exercises
- Vary this exercise by using the following techniques: double jump, single foot, and alternating feet/shuffle.

DIAGRAM SHEET 1-1-3

LEVEL 3 DYNAMIC WARM-UP EXERCISES

**Plank with Alternating Hip Flexion:**



- Start in push-up position with hands directly below shoulders & feet shoulder width apart
- Keeping your hips & torso still, draw one knee towards your chest keeping your back leg straight
- Return to starting position & repeat with opposite leg for prescribed reps on each leg, one foot should always be in contact with the deck
- Move with control & alternate sides each rep

**Pillar Bridge - Rolling:**



- Start in Pillar Bridge position with weight on your forearms
- Hold the position for 1-2 seconds
- With torso engaged and back flat, roll into a lateral pillar bridge and hold that position for 1-2 seconds
- Return to the start position and repeat to the opposite side - that is one repetition

**Glute Bridge Marching:**



- Lift hips to create a line through knees, hips & shoulders
- Lift one knee towards your chest. Hold 2 sec. Alternate legs for prescribed reps with each leg
- Keep back flat & torso engaged & head on the deck throughout the movement

**T's (Bent Over):**



- Hinge at waist, back flat & chest up
- Glide shoulder blades back & down & raise your arms over your head to form a T
- Initiate movement with shoulder blades, not arms & keep thumbs up throughout
- Lower arms back to start & repeat for reps

### Knee Hug to Reverse Lunge with Rotation (4 count):



- Stand and lift one foot off the ground, squatting slightly with other leg
- Grab opposite knee and pull toward chest while straightening other leg
- Release knee and step back into lunge with same leg without pausing
- Place opposite arm outside of knee and reach other arm behind you
- Reverse the twist, stand up and repeat with opposite leg to complete 1 rep

### Lateral Squat:



- Stand with feet wider than shoulder width apart, shift hips to the side and down
- Push through your hip to return to start position
- Keep your opposite leg straight, back flat and chest up
- Alternate sides each rep

### Quick Feet/High Knees:



- Start In the defensive position (feet slightly wider than shoulder width and hands at waist level)
- Perform a quick shuffle of feet until call for high knees (run in place)
- Gradually increase the height of the knees and exercise tempo
- To increase difficulty, count down from 10 in high knees position

### Squat Jumps:



- Use this exercise to introduce plyometric moves
- Stand with feet slight wider than shoulder width apart.
- Squat down to a comfortable depth
- Do not go below thighs parallel to the deck (i.e., a 90 degree bend in the knees)
- Perform a vertical jump
- Emphasis should be on proper form and technique NOT how high you can jump or the number of repetitions
- Remember to land with “soft knees” and with as little impact as possible

DIAGRAM SHEET 1-1-4

DYNAMIC WARM-UP EXERCISES - QUICK REFERENCE

**Dynamic Warm-Up (Level 1)**

**Pillar Bridge (30 Sec Hold)**



**Knee Hug**



**Lateral Pillar Bridge (30 Sec Hold)**



**Basic Squat**



**Glute Bridge (30 Sec Hold)**



**Knee Blocks**



**Chest Press/Shoulder Press**



**Jumping Jacks**





## Dynamic Warm-Up (Level 2)

**Plank with Arm Lift (30 Sec Hold)**



**Reverse Lunge with Rotation**



**Dynamic Lateral Pillar Bridge**



**Split Squat**



**Glute Bridge with Knee Extension**



**3 Sidestep Touch the Deck**



**Y's (Bent Over)**



**Jump Rope**



## Dynamic Warm-Up (Level 3)

**Plank with Alternating Hip Flexion**



**Knee Hug to Reverse Lunge with Rotation (4 count)**



**Pillar Bridge - Rolling**



**Lateral Squat**



**Glute Bridge Marching**



**Quick Feet/High Knees**



**T's (Bent Over)**



**Squat Jumps**



DIAGRAM SHEET 1-1-5

ALTERNATE DYNAMIC WARM-UP EXERCISES

Alternate Dynamic Warm-Up Exercises			
Low Impact Exercises	Moderate Intensity Exercises	Basic Aerobic Exercises	Cardio-Kickboxing Exercises
Pec Fly with Overhead Raise	Squat with Front Shoulder Raise	Basic March / Wide March	Speed Bag
Calf Raise with Neck Rotation	Reverse Lunge with Lateral Shoulder Raise	Box Step	Straight Jab / Straight Jab-Side Jab
Toe Tap to the Front / Back	Steam Engines	Toe Tap with Overhead Reach	Alternating Hooks
Line-Pulling to the Side / Front	Standing Side Crunch	Hamstring Curl with Bicep Curl	Upper Cuts
Quadruped Thoracic Rotation	Cross Country Skiing	Grape Vine	Bob and Weave
	Plyo-Jack	Squat with Kick	Jack-Jab

**Low Impact Exercises:**

- Pec Fly with Overhead Raise:** With elbows bent to 90 degrees, raise your elbows to shoulder level and move them back so they are in alignment with your body (arms should look like a field goal post). This is your starting position. Bring your elbows together as if you were performing a pec fly. Once your elbows/fist are touching (midline body), gently lift both arms up and over your head. Reverse this exercise to get back to starting position.

**Purpose:** This exercise is used to warm-up the chest muscle and increase the range of motion of the arms while doing overhead motion. Most weightlifters have tight chest and triceps motion and this is also a good exercise to perform in the weight room. It will also prepare the chest and arms for the push-ups.
- Calf Raise with Simultaneous Neck Rotation:** Perform a standing calf raise and rotate your head to look over your right shoulder. Perform 10 repetitions to the right and switch it up and perform 10 to the left (by looking over your left shoulder).

**Purpose:** This exercise is used to warm up the calves and provide range of motion to the neck. DO NOT turn your neck from one side to another or you will get dizzy. Perform 5 reps to one side and 5 reps with a neck rotation to the other side.
- Toe Tap To the Front:** Stand with your feet shoulder width apart. Gradually lift your left knee and externally rotate your hip so you can tap the inside of your left foot with your right hand (your lower body should be in a “figure 4” position). Repeat this to the opposite side by touching your left hand on the inside of your left foot. Continue to alternate this exercise from side to side.

**Purpose:** This exercise is used to increase the range of motion of the hips (especially hip flexion and external rotation). The majority of Sailors have tight hips, especially runners, and this will improve performance.



**Toe Tap to the Back:** Stand with your feet shoulder width apart. Gradually lift your left foot behind you (like a hamstring curl) and tap your foot with your right hand. Repeat to the opposite side by using your left hand and right foot.

**Purpose:** This exercise is used to warm up the hamstrings and also increase the range of motion of the quadriceps.

4. **Line-Pulling to the Side/Front:** Place feet slightly farther out with shoulder width and go into partial squat. It is important you maintain a squat so that you engage your leg muscles during this exercise. Simulate you are pulling line from a ship (repetitive motion of “tug of war”) with a 4-count for a certain number of repetitions. Change positions from left side, front, and right side.

**Purpose:** With line pulling, you also need to move your hips to gain momentum, so you are not just using the upper body-which will fatigue in a real life scenario of line pulling. You should be rocking back and forth as your upper body simulates pulling a line. You will be using your legs, biceps, and back muscles during this exercise.)

5. **Quadruped Thoracic Rotation:** Start on your hands and knees with your elbows straight, hands directly below your shoulders, knees directly below your hips, and your right hand behind your head. With a controlled movement rotate toward the right as far as possible while exhaling, stretching the front of the torso, and hold 2 seconds. Rotate trunk to the deck, taking right elbow to left knee while exhaling, feeling a stretch in the back, and hold for two seconds. Continue for the prescribed number of reps, switch sides, and repeat.

**Purpose:** Warms up and stretches your upper, mid, and low back, and anterior torso.

### Moderate Intensity Exercises:

1. **Squat with Front Shoulder Raise:** Stand with feet slight wider than shoulder width apart. While performing a squat, lift both arms up to shoulder level just like you are performing a front raise with dumbbells. Return to starting position. To make this exercise more difficult, perform a 3 count down and a one count up. The 3 count down will also be slower and will allow the members to focus on good technique (knees remains above the ankle and all movement will be performed at the hips/buttock lowering down).

**Purpose:** This exercise is used to warm-up the lower body and shoulders. Make sure you do not raise your arms above shoulder level.

2. **Reverse Lunge with Lateral Shoulder Raise:** Stand with both feet at shoulder width apart. Take your right leg and step back into a lunge ensuring your left knee remains above your left ankle and you maintain a 90 degree bend in both knees. While you are performing the reverse lunge, perform a simultaneous lateral deltoid raise to shoulder level (elbows are bent). Your arms should move in the same plane as your body and should not go above shoulder level.

**Purpose:** This exercise is used to warm up the lower body, and the middle deltoids/shoulders. Technique is important for this exercise. Practice your stationary lunge first. Then practice a standing lateral raise with your arms. Once you have both techniques perfected, practice it together. Too often people will perform external rotation with their arms while doing this exercise - only perform the lateral raise.

3. **Steam Engines (Standing Oblique):** In a stance with your feet shoulder width apart, perform an oblique exercise by bring your right elbow to your left knee (performing hip flexion with knee bent on left leg). Make sure you are contracting your abs during this exercise. DO NOT pull on your neck. Repeat to other side.

**Purpose:** This exercise is used to warm-up the hip flexors and the internal/external obliques. Make sure you do not pull on your neck with this exercise.

4. **Standing Side Crunch:** Standing with feet shoulder width apart, with knee bent, externally rotate left hip so it knee is pointing towards outside body. With left elbow bent and hand placed behind neck, lift knee towards elbow to perform a side crunch. Repeat for a certain number of repetitions and repeat on other side.

**Purpose:** This exercise warms up the hip flexors, deep abdominal muscles and increases the range of motion of the inner thigh since the leg is position on the side of the body.

5. **Cross Country Skiing:** To perform this exercise, simulate you are cross country skiing by alternating your left arm with right leg (simultaneous movement) and right arm with left leg. Repeat for certain number or repetitions.

**Purpose:** This exercise targets the entire body and is an exaggerated motion of running. Remember to land “softly” in order to reduce impact on the joints.

6. **Plyo-Jack:** This exercise is used to introduce plyometric moves. Remember to land with “soft knees” and with as little impact as possible. Perform 3 jacks and then proceed into a double knee tuck. The goal is to jump up as high as you can and to bring both knees together to the chest.

**Purpose:** This exercise is used to get the body ready for plyometric/jumping activity. The number one mistake is landing on a flat foot and with a lot of force. This could increase the impact on joints so therefore, remember to land with “soft knees” throughout the exercise.

### Basic Aerobic Exercises:

1. **Basic March with Wide March:** Perform a 4-count march at normal stance width and then widen your stance and perform a wide-march with 4-count repetitions. Repeat for a certain amount of repetitions.

**Purpose:** Remember the height of the march and the speed will increase the difficulty of the exercise.

2. **Box Step:** Start this exercise in a normal stance. Step forward and out with the right foot and then forward and out with the left. Bring your right foot back to the starting position and then bring the left foot back to the start. Your overall movement should mimic a “V”. Perform this exercise as a 4-count.

**Purpose:** This exercise is used to warm up the lower body and to increase the range of motion of the hips with wider steps. It could also be used to increase the heart rate during aerobics. You could make it more difficult by lowering the body during the steps or increasing the tempo-without compromising form.

3. **Toe Tap with Overhead Reach:** Tap your feet from side to side. Take your right arm and perform an overhead reach to the left and then take your left arm and perform an overhead reach to the right. Repeat entire sequence on a four-count call for a certain amount repetitions.

**Purpose:** This exercise is used to increase the heart rate and also improve the range of motion of the back. Men may be hesitant to perform this move since it looks like aerobics. To sell it to them,

tell them it increases the range of motion of the latissimus dorsi muscles, which are tight on most people. Also have them punch with their hand instead of a reach. This will make the exercise “more masculine”.

4. **Hamstring Curl with Bicep Curl:** While standing in one spot, perform alternating hamstring curls. While performing the hamstring curls add bicep curls to get the arms warmed up. Perform this exercise on a four-count call.

**Purpose:** This exercise is used to warm up the ham string and biceps.

5. **Grape Vine:** Start this exercise with a normal stance. Step to the left by crossing right foot behind the left. Move left foot a step to the left to return to a normal stance and finish the sequence by bringing your right foot and tapping it next to your left. Do the reverse sequence to the right. With a four-count call, the first side step would be one, the foot crossing behind would be two, the next step would be three, and the last foot tap would be four.

**Purpose:** This exercise is used as a basic agility move and is the foundation for the carioca/footwork exercises. Men may be hesitant to perform this move, so make sure you explain it is basic agility and also demonstrate the carioca at this point so they see how it ties into the foot work session.

6. **Squat with a Kick:** With your arms in a guarded position, perform a squat and then perform a left front kick, perform another squat, and then perform a right front kick. This will also help prepare the member for balance activity.

**Purpose:** This exercise is used to warm up the lower body and also to prepare the leg for full extension. It will also simulate the stepping motion during running. It is an open chain (where the one foot does not remain on the ground and kicks) and it is a great exercise to use prior to running or for group cardio sessions. It also works balance.

## Cardio-Kickboxing Exercises:

1. **Speed Bag:** With your fists clinched, raise your elbows to shoulder level and simulate you are punching a speed bag by rotating your fists around one another. After performing this exercise at shoulder level, gradually move the exercise to above your head. Once your lower body is warmed up, you could also increase the intensity by performing a boxer’s shuffle with your feet.

**Purpose:** This exercise is used to warm-up the forearms, shoulders and gradually elevate the heart. Explain how your heart has to work harder when you perform exercises with your arms at chest level and above.

2. **Straight Jab:** Standing with the right hip forward and both fists in front of your face in a guarded position, take your right hand and do a quick jab towards the front. Return to starting position. You can add a boxer’s shuffle to this activity to increase the intensity.

**Purpose:** This exercise is a basic move in cardio kickboxing and could also be used as an upper body dynamic warm up. It especially targets the triceps, biceps and shoulders.

**Straight Jab-Side Jab:** With your right hip facing forward, take your right fist and jab once to the front. Then you will pivot on your left foot and move the jab to the side. Pivot again on your back foot to return to the starting position. Repeat sequence.

**Purpose:** This exercise provides the same benefits of the basic jab but it increases the intensity and difficulty by adding a pivot into the exercise. Make sure you pivot so you do not hurt their knees.

3. **Alternating Hooks:** With your feet slightly wider than shoulder width apart and your hands in a guarded position, begin tapping your feet from side to side. Once you got the rhythm, start to throw a right hook when you tap the right foot and a left hook when you tap the left foot. Remember to do a slight pivot with the back foot (the one on the same side you are throwing a hook) to ensure you do not strain the knee. A hook is performed by starting with your arms in a guarded position. With your right arm (keeping your elbow bent), bring your elbow back and rotate your shoulder so you bring your fist back to midline of your body with your forearm at shoulder level and parallel to the deck.  
**Purpose:** This exercise is used to introduce the Sailor to another basic cardio kickboxing punch, increase the heart rate and to warm-up the shoulders.
4. **Upper Cuts:** With your feet slightly wider than shoulder width apart and your hands in a guarded position, begin tapping your feet from side to side. Once you got the rhythm, start to throw a right upper cut when you tap the right foot and a left upper cut when you tap your left foot. Remember to tap your back foot. An uppercut is performed by keeping your elbow bent and moving your punch from hip level to in front of your face. Remember to use your legs (by going up) to add power to this move.  
**Purpose:** This exercise is used to introduce you to a basic cardio kickboxing punch, which will increase the heart rate, and will also warm up the biceps, shoulders and lower body. Make sure you use your legs on the “up motion” so you are also using your legs, not just your upper body.
5. **Bob and Weave (Jab):** Place your feet slightly wider than shoulder width apart. Go into a partial squat and guard your face by placing your fists in front of it. Start bobbing from side to side and simulate you is avoiding punches from an opponent. Once you are warmed up, you can start to throw jabs from side to side to engage the upper body into a warm-up.  
**Purpose:** This exercise is used to warm up the low back and legs. It also could be used as a low intensity cardio exercise within group exercise.
6. **Jack-Jab:** Perform a jumping jack, then a right jab, then another jumping jack and a left jab. By adding the jab, you will add more upper body and increase the intensity of this exercise more than do a normal jack. Make sure pivot on the back foot when performing the jab so you do not put additional strain on the knee.  
**Purpose:** This exercise targets the entire body and also uses multi-directional movement. It is also another great cardio exercise for confined spaces.

## DIAGRAM SHEET 1-1-6

### STANDARDIZED PRT WARM-UP

This standardized dynamic warm-up is designed to target all the muscles used during the Navy PRT. If performed correctly, it will prepare the muscles for the test by increasing the range of motion, temperature, and blood flow to the muscles. This standardized warm-up should NOT fatigue the individual and will actually improve his/her performance on the test. Highly recommend you explain this to your command before conducting the standardized PRT warm-up.

#### **Standard Warm-up Exercises:**

1. 10 military four-count Pec Fly with Overhead Raise
2. 10 military four-count Chest Press / Shoulder Press
3. 10 military four-count Basic Squat
4. 10 military four-count Calf Raise
5. 10 military four-count Knee Blocks to the right
6. 10 military four-count Knee Blocks to the left
7. 10 military four-count 3 Side-Step Touch the Deck \*
8. 30 seconds of Quick Feet followed by 30 seconds of High Knees \*

\* If the member has lower body joint problems and should not perform high-impact exercises, they can perform the Basic March in lieu of 3 Side-Step Touch the Deck (#7) and/or perform High Marching in lieu of Quick Feet / High Knees (#8).

#### **Individual Warm-up**

After performing the standardized warm-up, give individuals 5 minutes to perform an individual warm-up and stretching as needed.

#### **During the PRT**

After the Navy curl-up, have all members perform a hip flexor stretch to relax the hip flexors for the run.

#### **Cool-down and Stretching**

After the run, have all members walk for 5-10 minutes as a cool-down. Then, take all members through the Navy 12 Top Stretches with a 30 second hold using an echo count for each stretch after the cool-down. Encourage members to hydrate well after the PRT.

DIAGRAM SHEET 1-1-7

CONTRAINDICATED STRETCHES

**Things to Avoid While Stretching:**

- Avoid extreme hyperextension of the spine (arching the back), e.g.



- Avoid locking any joint and always keep a slight bend in the knee when performing standing stretches.
- Never force a movement
- Avoid forward flexion of the spine, e.g.



- Avoid spinal rotations, e.g.



- Do not perform circular motions, e.g.



## Contraindicated Stretches

It is best to completely avoid *contraindicated* positions or stretches. Although it is not guaranteed that an injury will result, the risk for injury is increased. There are safe and effective alternatives to contraindicated stretches. Even if you do not feel pain while performing a contraindicated stretch, damage may be occurring.

### Common contraindicated stretches







		
<p>This stretch may cause an individual to get dizzy (extreme hyperextension)</p>	<p>Deep squats put too much pressure on the knees</p>	<p>Leaning too far forward places excessive pressure on the lower back.</p>
		
<p>This stretch puts too much stress on the knees and ligaments</p>	<p>Avoid the knee extending beyond the toes</p>	<p>The Hurdler's stretch places excessive pressure on the tendons and ligaments of the bent knee</p>

DIAGRAM SHEET 1-1-8

NAVY 12 TOP STRETCHES

**Stretch #1: Chest Stretch**



**Description:** In a standing position, gently clasp both of your hands and place them on the back of your neck. Slowly pull your elbows back until you feel a stretch on your chest. Do not pull your head forward or place tension on the neck.

**Caution:** You can do this as a partner assisted stretch but they should not force the stretch by aggressively pulling back on the elbows.

**Stretch #2: Posterior Shoulder Stretch**



**Description:** Place your left hand on the back side of your right arm above your elbow on the front of your body and gently pull your arm across your body. You should feel a stretch on back side of your shoulder and upper arm. Repeat to stretch opposite side of your body.

**Stretch #3: Triceps Stretch (Upper back side of arm)**



**Description:** Take your left arm and reach behind your back. By placing your right hand on the back side of your left arm, gently push back to achieve a stretch on the left triceps muscle. Repeat on opposite side.

**Stretch #4: Hip Flexor Stretch**



**Description:** In a standing position, place your right foot approximately 3 to 4 feet in front of your left foot (like a lunge). Slowly bend both knees until you lower your body towards the ground. Your left knee should almost be at 90 degrees. Gently push your left hip forward to feel the stretch in the front of your hip. If you don't feel the stretch, gently lean your upper body back.

**Tip:** Since you use this muscle group during the Navy Curl-Up, this stretch should be performed after the curl-up event to prevent cramping and prepare this muscle group for the cardio event.

**Stretch #5: Groin or Butterfly Stretch**



**Description:** While sitting with the upper body nearly vertical and legs straight, bend both knees, and bring the soles of the feet together. Pull feet toward your body. Gently place your hands on your feet and your elbows on your knees. Pull your upper body slightly forward as your elbows push down. You should feel a stretch in your groin area.



### Stretch #6: Modified Hurdler Stretch



**Description:** While sitting in a v-position, gently pull your left foot towards your groin area. Your right leg will remain straight with a slight bend in the knee. Gently lean forward and reach for your toes on your right leg to stretch out your hamstring.  
**Note:** The stretch will be more difficult if you pull your toes back towards your body (vs. pointed).

### Stretch #7: Outer-Hip-and-Low-Back-Stretch



**Description:** While in a long sitting position (legs in front of you with knees straight), cross your right leg over the left. Your right foot should be on the ground at approximately your left knee level. Take your left elbow and place it on the outside of your right knee and gently push your knee towards the left side of your body. You should feel a stretch on the outer portion of your right hip and in your low and mid back region. Repeat to opposite side.

### Stretch #8: Piriformis Stretch



**Description:** While you are lying on your back, gently cross your right leg over your left thigh (both knees are bent at 90 degrees). Take both hands and place on the back side of your left thigh. Gently pull towards your chest until you feel slight tension in your right buttock and outer thigh. Repeat on opposite side.

**Note:** If you are experiencing low back pain after performing physical activity, seek medical assistance. This exercise should be performed to increase flexibility in this region and may assist in decreasing pain.

### Stretch #9: Low Back Stretch



**Description:** While lying on your back, gently pull one or both knees to your chest. You should feel a stretch in your low back and buttocks.

### Stretch #10: Quadriceps Stretch (Upper leg)



**On-the-Ground Description:** While lying on your side, with a slight bend in your left knee, grab your right ankle with your right hand and maintain your balance. Gently pull your right foot towards your buttocks while making sure your knees are aligned with the body (make sure knee is not sticking out and it is directly below your hip). Repeat to opposite side.

\*\*You can also stretch out your trapezius (neck) muscles during this quadriceps stretch (neck muscles) by bringing your chin to the opposite side of your chest.



**Standing Description:** In a standing position, with a slight bend in your left knee, grab your right ankle with your right hand and maintain your balance. Gently pull your right foot towards your buttocks while making sure your knees is aligned with the body (make sure knee is not sticking out and it is directly below your hip). You can also stretch out your trapezius (neck) muscles during this quadriceps stretch (neck muscles) by bringing your chin to the opposite side of your chest.

Repeat to opposite side.

**Additional Note:** If you are having difficulty balancing, you can hold on to a wall or perform this stretch while lying on your side.

### Stretch #11: Abdominal Stretch



**Description:** On your stomach, place your hands beneath your shoulder and gently push up until you feel a stretch on your abdominal muscles. Do not fully lock out your elbows and hyperextend your back.

**Note:** If you feel any discomfort in your low back while performing this exercise, you can reduce the tension by using the “propped on elbow” position.

### Stretch #12: Calf Stretch



**Description:** In a push-up position, cross the left foot over the right. With the right knee straight, gently push the right heel toward the deck. You will feel a stretch in the right calf. Hold for 15 seconds. Repeat to opposite side.

**Note:** Your body should remain in a straight line from your shoulders to your ankle to prevent low back injury and to strengthen your core muscles.









## CALCULATING TARGET HEART RATE ZONE WORKSHEET

<b>Target Heart Rate (THR) - Low End</b>	<b>Target Heart Rate (THR) - High End</b>
Step 1: $220 - \underline{\hspace{2cm}} = \underline{\hspace{2cm}}$ <div style="text-align: center;">(Age) (APMHR)</div>	Step 1: $220 - \underline{\hspace{2cm}} = \underline{\hspace{2cm}}$ <div style="text-align: center;">(Age) (APMHR)</div>
Step 2: $\frac{\underline{\hspace{2cm}}}{(\text{APMHR})} - \frac{\underline{\hspace{2cm}}}{(\text{RHR})} = \frac{\underline{\hspace{2cm}}}{(\text{HRR})}$	Step 2: $\frac{\underline{\hspace{2cm}}}{(\text{RHR})} - \frac{\underline{\hspace{2cm}}}{(\text{HRR})} = \frac{\underline{\hspace{2cm}}}{(\text{APMHR})}$
Step 3: $\underline{\hspace{2cm}} \times \underline{\hspace{2cm}} + \frac{\underline{\hspace{2cm}}}{(\text{RHR})} = \underline{\hspace{2cm}} (\text{HRR})$ <div style="text-align: center;">(Exer. Intensity)      (THR)</div>	Step 4: $\underline{\hspace{2cm}} \times \underline{\hspace{2cm}} + \frac{\underline{\hspace{2cm}}}{(\text{RHR})} = \underline{\hspace{2cm}} (\text{HRR})$ <div style="text-align: center;">(Exer. Intensity)      (THR)</div>
<p>Example: 30 year old male, RHR of 60 bpm, desired exercise intensity range of 60-75% APMHR</p> <p>STEP 1: <math>220 - 30 = 190</math></p> <p>STEP 2: <math>190 - 60 = 130</math></p> <p>STEP 3: <math>(130 \times 0.60) + 60 = 138</math></p> <p>STEP 4: <math>(130 \times 0.75) + 60 = 158</math></p> <p>Target Heart Rate Range (THRR) = <math>138 - 158</math> bpm</p>	










THRR: Target Heart Rate Range







DIAGRAM SHEET 1-10-1

STRENGTH TRAINING EXERCISES

Upper Body Exercises		
Chest		
Level 1	Level 2	Level 3
Push-up (Standard) 	Staggered Stance Push-up Negative (3 count down, 1 count up)	Push-up Clock
Back/Shoulders		
Bent-over Y's (without band) 	Bent-over Y's (with band) 	Squat with Shoulder Press (with band)
Bent-over T's (without band) 	Bent-over T's (with band) 	
Bent-over Rows (with band, bilateral) 	Bent-over Rows (with band, unilateral) 	Single Leg, Single Arm Bent-over Row (with band)
	Overhead Press (½ kneeling) 	
Arms		
Bicep Curl (with band)	Triceps Extension (with tubing)	
Triceps Dips	Front/Side Raises (with tubing)	

FOR TRAINING USE ONLY

Lower Body Exercises		
Level 1	Level 2	Level 3
Calf Raises	Single Leg Wall Squat	Stationary Squat (with tubing)
Wall Squats (30 second hold)	Squat (with tubing) 	Lateral Lunges 
Bodyweight Squats 	Split Squat (with tubing) 	Walking Lunges
Bodyweight Lunges (Forward/Reverse) 		
Core/Combo Exercises		
Abdominal Focus		
Level 1	Level 2	Level 3
Crunches 	Bicycles Oblique Twists	Straight Leg Lowering Alternating
Glute Focus		
Glute Bridge 	Glute Bridge Leg Raise 	Glute Bridge Marching 

Lower Back/ Erector Spinae Focus		
Bird Dog		
Superman		
Combo		
<b>Pillar Bridge</b> 	<b>Plank with Arm Lift</b> 	<b>Plank Running</b> 
	<b>Lateral Pillar Bridge</b> 	<b>Lateral Pillar Bridge to Push-up</b> 
	<b>Dynamic Lateral Pillar Bridge</b> 	<b>Lateral Pillar Bridge with Leg Lifts</b> 
	<b>Single Leg Pillar Bridge</b> 	

## Strength Circuits

30 seconds for each station/exercise

Circuit 1/Level 1	Circuit 2/Level 2
Push-ups	Negative Push-up
Bent-over Y's	Bent-over Row (unilateral)
Bicep Curls	Triceps Extension (with tubing)
Dips	Split Squat (with tubing)
Bodyweight Squats	Bicep Curls (with tubing)
Crunches	Bicycles
Glute Bridge	Glute Bridge Leg Raise
Pillar Bridge	Plank with Arm Lift

DIAGRAM SHEET 1-11-1

INTERVAL TRAINING TO IMPROVE 1.5 MILE RUN TIME

- The goal of this training is to train at your desired race pace (i.e., your goal 1.5 mile run time) in small increments (i.e., 1/4 mile). Over time, you will gradually increase this pace to help improve your overall race pace
- Run long, slow distances several days per week
- Do not perform interval training on consecutive days
- Perform interval training on a standard running track, or where distance can be measured accurately

Determine goal time for 1.5 mile run: \_\_\_\_\_

Divide by 6 to determine time per quarter mile: (A) \_\_\_\_\_

One  
Day a  
Week

**Week 1** – Jog 10 minutes warm up. Run 1/4 mile in (A) \_\_\_\_\_ (goal race pace), then walk or jog slowly for 3 minutes. Repeat **3 additional times**. Jog 10 minutes cool down.

**Week 2** – Jog 12 minutes warm up. Run 1/4 mile in (A) \_\_\_\_\_, then walk or jog slowly for 3 minutes. Repeat **4 additional times**. Jog 10 minutes cool down.

**Week 3** – Jog 14 minutes warm up. Run 1/4 mile in (A) \_\_\_\_\_, then walk or jog slowly for 3 minutes. Repeat **5 additional times**. Jog 10 minutes cool down.

**Week 4** – Jog 16 minutes warm up. Run 1/4 mile in (A) \_\_\_\_\_, then walk or jog slowly for 3 minutes. Repeat **6 – 7 additional times**. Jog 10 minutes cool down.

**SUBTRACT 5 SECONDS FROM (A): (B)** \_\_\_\_\_

Two  
Days a  
Week

**Week 5** – Jog 16 minutes warm up. Run 1/4 mile in (B) \_\_\_\_\_, then walk or jog slowly for 2 minutes. Repeat **6 – 7 additional times**. Jog 10 minutes cool down.

**Week 6** – Jog 16 minutes warm up. Run 1/4 mile in (B) \_\_\_\_\_, then walk or jog slowly for 2 minutes. Repeat **6 – 7 additional times**. Jog 10 minutes cool down.

**SUBTRACT 5 SECONDS FROM (B): (C)** \_\_\_\_\_

Two  
Days a  
Week

**Week 7** – Jog 16 minutes warm up. Run 1/4 mile in (C) \_\_\_\_\_, then walk or jog slowly for 2 minutes. Repeat **5 additional times**. Jog 10 minutes cool down.

Once, 5  
- 6 days  
prior to  
race

**Week 8 (race week)** – Jog 16 minutes warm up. Run 1/4 mile in (C) \_\_\_\_\_, then jog slowly for 1 minute 45 seconds. Repeat **5 additional times**. Jog 10 minutes cool down. Taper off on your training on the following days. Do not run at all the day before the race.

Adapted from Physical Fitness Specialist Course and Certification, The Cooper Institute 2001





ASSIGNMENT SHEET 1-13-1

DAY 1 HOMEWORK

A. INTRODUCTION

Record everything you eat and drink starting with breakfast this morning. You will keep a food log each day you are in the course.

Make sure you put everything into your log: food, condiments, sugar, cream, beverages, snacks, alcohol, etc.

Be as specific about portion sizes. List in cups or pieces and include brand names when possible.

Fill out all the columns on the food log.

B. ENABLING OBJECTIVES

5.8 DEMONSTRATE how to complete a food log when given a food log, in accordance with Nutrition Resource Guide 2011, OPNAVINST 6110.1 (Series) Supplement

C. STUDY ASSIGNMENT

1. Complete Assignment Sheet Day 1 Homework

D. STUDY QUESTIONS

Example food log entry:

Date	Time	Food Item (Be specific)	Amount (1 cup)	Hunger Scale	Location (at table, TV)	Mood (sad, angry, tired, bored)	Activity
10 Jan 11	1200	Subway meatball marinara on wheat Mozzarella Pepsi Sun Chips	6" 1 oz slice 20 oz 1.5 oz bag	5	Food court	Happy	30 min slow jog, 30 min walk

[illegible]

[illegible]

Date	Time	Food Item (Be specific)	Amount (1 cup)	Hunger Scale	Location (at table, TV)	Mood (sad, angry, tired, bored)	Activity

Date	Time	Food Item (Be specific)	Amount (1 cup)	Hunger Scale	Location (at table, TV)	Mood (sad, angry, tired, bored)	Activity

Date	Time	Food Item (Be specific)	Amount (1 cup)	Hunger Scale	Location (at table, TV)	Mood (sad, angry, tired, bored)	Activity

ASSIGNMENT SHEET 1-13-2

DAY 2 HOMEWORK

A. INTRODUCTION

Continue to keep your food log.

B. ENABLING OBJECTIVES

5.8 DEMONSTRATE how to complete a food log when given a food log, in accordance with Nutrition Resource Guide 2011, OPNAVINST 6110.1 (Series) Supplement

C. STUDY ASSIGNMENT

1. Complete Assignment Sheet Day 2 Homework

D. STUDY QUESTIONS

**Part 1: Food Log**

Start to pick up patterns:

1. Are you eating regular meals?
2. How hungry are you getting?
3. What are your food choices?

**Part 2: Guidelines**

1. Go to the Scientific Report of the 2015 Dietary Guidelines Advisory Committee, Part A: Executive Summary: <http://health.gov/dietaryguidelines/2015-scientific-report/02-executive-summary.asp>
2. Read “Part A: Executive Summary” of the Dietary Guidelines for Americans.
3. Write down 3 guidelines that you would personally like to focus on:

Guideline 1:

Guideline 2:

Guideline 3:

ASSIGNMENT SHEET 1-13-3

DAY 3 HOMEWORK

A. INTRODUCTION

Continue to keep your food log.

B. ENABLING OBJECTIVES

5.8 DEMONSTRATE how to complete a food log when given a food log, in accordance with Nutrition Resource Guide 2011, OPNAVINST 6110.1 (Series) Supplement

C. STUDY ASSIGNMENT

1. Complete Assignment Sheet Day 3 Homework

D. STUDY QUESTIONS

**Part 1: Food Log Goals**

1. Review your food log and identify areas for improvement.
2. Take your 3 dietary guidelines and write 3 SMART goals (Specific, Measureable, Attainable, Realistic, Timely)

SMART Goal 1:

SMART Goal 2:

SMART Goal 3:

**Part 2: ChooseMyPlate**

1. Go to “SuperTracker & Other Tools” and select “Create Your Profile.” Enter your information to create an account and personalized plan, and print or write down your plan.
2. Select “Food Tracker” in the right column.
3. Once in, enter your food log information.
4. Print summary (or write down calorie level from each day).



ASSIGNMENT SHEET 1-16-1

FITNESS PROGRAMMING

A. INTRODUCTION

Using the information and tools that you have been taught throughout the week, develop a fitness program for Command PT and FEP. Using the groups that you have been working in throughout the week, each group will be assigned one of four scenarios and be asked to develop an effective fitness program for that specific scenario. On day 5, each group will do an oral presentation to the class of the workout/exercise program that they have developed. Instructors will assess the effectiveness of the exercise program each group has developed and make any necessary changes/suggestions.

Also, using the principles demonstrated in the oral project, each group will work together to develop a one hour workout program to be conducted on day 5. The workout will consist of a warm-up, exercises, cool-down, and stretching and should be in a circuit training format. Each group will take one portion of the one hour program and lead the rest of the class through that portion as a CFL.

**When developing the exercise program, things to consider include:**

- FITT Principle
- Progression/Specificity Principles
- Administrative duties/requirements
- Nutrition/resources

**Scenario One:**

Sailor McDonald has just completed his PFA. He scored Satisfactory on his run, Excellent on his push-ups, and Satisfactory on his curl-ups with a BCA of 25%. Because of his Satisfactory status on the run and curl-ups, he has asked to enroll in your FEP program. Using the FITT principle and proper progression, develop an 8 week fitness program that will meet his individualized needs. Along with the 8 week schedule, include one detailed workout including warm-up exercises, cardio and/or strength exercises, and cool-down exercises and flexibility.

**Scenario Two:**

Your command has just come off of a 6 month deployment with the next PFA cycle right around the corner. After conducting courtesy BCAs for your Division, you find a significant increase in failures and borderline failures. With the next PFA scheduled in 8 weeks, using the FITT principle and proper progression, develop an 8 week Command PT program that will best meet the needs of your Sailors. Along with the 8 week schedule, include one detailed workout including warm-up exercises, cardio and/or strength exercises, and cool-down exercises and flexibility.

**Scenario Three:**

YNC Peterson has been cleared to perform the PFA for the upcoming cycle after being medically waived for two consecutive cycles. She has been using the stationary bike but has not run outside for about 1 year. Her CO has mandated that all members will perform the 1.5mile run/walk only.

YNC was given a courtesy BCA which indicates that she is at 35% body fat. With the PFA being 8 weeks away, the CFL has enrolled her into the FEP program. Using the FITT principle and proper progression, develop an 8 week fitness program that will meet her individualized needs. Along with the 8 week schedule, include one detailed workout including warm-up exercises, cardio and/or strength exercises, and cool-down exercises and flexibility exercises and flexibility.

**Scenario Four:**

Petty Officer Harris has consistently scored outstanding on his curl-ups and push-ups for the last five PFA cycles. He has also consistently scored satisfactory on his 1.5 mile run/walk. He is 73 inches tall and weighs 203 lbs. He has come to you requesting a workout program that will help improve his run time so that he scores excellent. Using the FITT principle and proper progression, develop an 8 week fitness program that will meet his individualized needs. Along with the 8 week schedule, include one detailed workout including warm-up exercises, cardio and/or strength exercises, and cool-down exercises and flexibility.

**B. ENABLING OBJECTIVES**

- 1.3 **PLAN** a balanced exercise session, when given a scenario, in accordance with Command Fitness Guide: Command/Unit Physical Training (PT) and Fitness Enhancement Program (FEP) 2011, OPNAVINST 6110.1 (Series) Supplement

**C. STUDY ASSIGNMENT**

1. Complete Assignment Sheet Fitness Programming
2. Review Physical Readiness Program, OPNAVINST 6110.1 (Series)
3. Review Command Fitness Guide: Command/Unit Physical Training (PT) and Fitness Enhancement Program (FEP) 2011, OPNAVINST 6110.1 (Series) Supplement
4. Review Nutrition Resource Guide 2011, OPNAVINST 6110.1 (Series) Supplement

**D. STUDY QUESTIONS**

1. What is your scenario?
2. What is your 8 week fitness program?
  - a. Week 1

b. Week 2

c. Week 3

d. Week 4

e. Week 5

f. Week 6

g. Week 7

h. Week 8

3. How are you applying the FITT principle?

4. How are you applying the progression/specificity principles?

5. How are you integrating administrative duties and requirements into the 8 week program?

6. To what nutrition and other resources can you point the Sailor(s)?

7. What resources did you use to create your program?

8. Describe 1 workout from your fitness program in detail:

Use the next page, if you need more space.

DIAGRAM SHEET 1-17-1  
SPEED TRAINING EXERCISES

**Rate of Perceived Exertion (RPE):**

Your RPE is a simple and effective way to gauge and regulate exercise intensity.

RPE Levels		Talk Test	% Maximum Heart Rate
<b>1</b>	<b>Very Light Activity</b> Watching TV, riding in a car, etc		
<b>2-3</b>	<b>Light Activity</b> Feels like you can maintain for hours	Breathing is easy, can sing	
<b>4-6</b>	<b>Moderate Activity</b> Feels like you can exercise for hours	Can carry a conversation	52-66
			61-85
<b>7-8</b>	<b>Vigorous Activity</b> On the verge of becoming uncomfortable	Short of breath, can speak a sentence or two	86-91
<b>9</b>	<b>Very Hard Activity</b> Very difficult to maintain exercise intensity	Can only speak one word at a time	92
<b>10</b>	<b>Maximum Effort Activity</b> Feels almost impossible to keep going	Completely out of breath, unable to talk	

**Running Tips:**

- Stride shortens
- Mid to forefoot strike
- Focus on turnover rate vs. stride length
- Head up with eyes straight ahead
- Positive Shin Angle
- Wear appropriate shoes (running shoes or court/cross training shoes are appropriate)
- Arms should be swinging forward & back not side to side
- Arms should remain relaxed (elbows at 90 degree bend or lower)
- Opposite arm and leg should be working in unison
- Avoid side to side movements
- Use controlled breathing

### **Linear Acceleration and 6 Cone Drill:**

- For Linear Accelerations, refer to: Navy Operational Fitness Series (NOFFS), Large Desk Series, Level 1, Page 8
- For 6 Cone Drills, refer to: Navy Operational Fitness Series (NOFFS), Large Desk Series, Level 2, Page 8

To download a NOFFS series, go to [www.navyfitness.org](http://www.navyfitness.org). Click on Fitness, NOFFS Training System, and Downloads. You can also find more training options on [www.navyfitness.org](http://www.navyfitness.org). Click on Fitness, NOFFS Training System, Movement Library, and then select Cardio Conditioning.

### **300 Yard Shuttle-Run**

#### **Procedure:**

- Divide into teams.
- Mark a start line (cone or end line on the basketball court).
- Mark a point 25 yards from the start point.
- First in line will begin with a blow of the whistle.
- They will sprint to the 25 yard marker, touch the ground or cone and return to the start line, touch the start line and return back to the 25 yard marker,
- This will be repeated until each participant completes 6 25-yard intervals, at which time they will touch the next person in line's hand and that person begins the run.
- Continue until each team member has finished the drill.

#### **Alternatives:**

Objects to be carried can be placed at the start line and at the turn around point. Participant will carry the object through the sprints, exchanging the item at each turnaround point. Examples include medicine balls, sand bags, bean bags, eggs, volleyballs. Once a member completes the drill, they should hand off the item to the next participant.

#### **Additional Drills using the same set up as the Shuttle-Run:**

- Get-up and Go's:
  - Start in push up position, do 10 push-ups, sprint down and back.
  - Start supine, do 10 crunches, sprint down and back.
- Jump rope down and back
- Set up cones in a straight line and:
  - Dribble basketball in between
  - Run around the cones
- Basketball Caterpillar (trainees go in a line and pass basketball up and over and under the legs of the next individual).





## GYM SESSION S-562-0612-1

## DYNAMIC WARM-UP, COOL-DOWN, AND STRETCHES

## A. RESOURCES

None

## B. GYM SESSION

**Day #1: Dynamic Warm-Up, Cool-Down, and Stretching**

After completing the PRT, the trainees will return to the gym to begin the Dynamic Warm-up gym session. Prior to initiating session, give them a brief overview of the activities they will be performing for that day. Because a lot of these exercises are new and do not reflect traditional Navy exercises from the past (calisthenics), it is very important that you use the cues given in [blue](#) when facilitating the course. The majority of the cues will explain the relevance of the exercise and how it will help the Sailor during his/her work day. If the cues are not used, the Sailors may not understand the significance of the exercise.

[Application:](#)

[Start off the session by asking the CFLs “Are you ready?” The trainees will respond: “Always ready!”. Then proceed to discuss the benefits of a dynamic warm-up by paraphrasing the below paragraph.](#)

The most important goal when preparing to exercise should be to increase the body temperature and to prepare the muscles, connective tissue, heart, and lungs to safely accommodate more intense exercise. For this reason, all exercise routines should begin with dynamic warm-up exercises and then proceed onto the planned activity. In the past, most exercise routines began with a static stretch routine.

[\(Demonstrate a static stretch here.\)](#) Current exercise guidelines recommend that the best time to stretch is after cardio-respiratory exercise or a muscular workout when the body temperature is elevated. [\(I want you to think of a piece of gum. Can you stretch it when it is immediately taken out of the wrapper? No. It will break. But when you start to chew the gum, the heat of your mouth makes it more pliable. Your muscles act in the same way and need warmth to maintain an elongated length.\)](#) So when you are designing your group exercise session, it should consist of the following activities, and should be performed in the following sequence:

- 1) Dynamic Warm-Up
- 2) Pre-planned activity (cardio-respiratory, strength, or agility activity)
- 3) Cool-down routine
- 4) Stretching

## Principles behind the “Dynamic Warm-Up”

When introducing the different dynamic warm-up exercises be sure to relay to the CFLs that they can pick and choose which exercises they want to take back and implement into command PT/FEP sessions. They are not required to present the level one circuit or level 2 circuit in its entirety. Instead, they could pick 4 or 5 of the exercises listed or opt to use other exercises in the other circuits or from the alternate dynamic warm-up exercise listing. That said, the exercise chosen should be applicable to the type of activity being conducted and should be administered in a logical and safe progression. For example, low impact exercises should be performed before a high impact exercises, etc. The exercises provided are listed from low impact options to high impact options. Also, some exercises may be better presented using an echo count vice the standard military 4 count. For example, hold a pillar bridge for a 15 echo count, etc.

Warm-up should start with low impact movements, where at least 1 foot remains on the ground at all times ([demonstrate the pillar bridge](#)) and gradually increase in intensity. ([Demonstrate a Pillar Bridge with Arm lift.](#)) Ask them “Do you see how we modified and increased the intensity?” During this workout, you will teach them three different warm-ups: Level 1, Level 2, and Level 3. Each warm-up will consist of exercises that will progressively increase in intensity. Explain that the type of activity planned will determine which level to use for a proper warm-up. For example, lower intensity workouts may require a Level 1 warm-up while higher intensity (i.e. Cardio-respiratory Conditioning) may require a Level 3 warm-up.

[Remember that no stretching should be included during this segment.](#) The circulatory warm-up should continue until a light perspiration is present. At this point you should not feel tired or out of breath. Your heart rate and respiration rate are slightly elevated, your muscles are warmer and you are ready to proceed to the next portion of your workout. [Your dynamic warm-up should last for 5-10 minutes in duration. Use Level 3 for those sessions that are more intense \(speed training\) or during colder weather.](#)

[Ask the trainees the Pre-Physical Activity Questions here. Then proceed to again ask “Are you Ready?” They will respond “Always Ready!” Break the class up into groups of 4-6 \(if you have a large class\).](#)

How you will facilitate the exercises:

You will teach the exercises in groups of five (for smaller classes, divide class as evenly as possible.) You will demonstrate the exercise using the military four count cadence when applicable ([one, two, three - one; one, two, three – two](#)). After the exercise you will explain the relevance of the exercise and why we use it. Take the class through 10 repetitions of all of the exercises in Level 1 and then break the class into groups and have the trainees practice all Level 1 exercises. Once Level 1 is complete, proceed to teach Level 2 and 3 warm-ups. [Stress to the class that everybody in the group needs to participate in order to work on their skills and motivation/leadership roles as a CFL.](#) You will critique their form and motivate them as they practice.

**Level 1 Dynamic Warm-up Exercises (TG Sheet 1-1-1)****Pillar Bridge (30 Sec Hold):**

- Push up tall on your elbows & tuck chin so head is in line with body
- Maintain a straight line from ears to ankle
- Feet shoulder width apart
- Hold for 30 Seconds

**Lateral Pillar Bridge (30 Sec Hold):**

- Lie on your side with forearm on the deck under your shoulder – feet stacked together
- Keep body in a straight line from your ear to your ankles
- Hold for 30 seconds
- Complete for time, repeat on opposite side

**Glute Bridge (30 Sec Hold):**

- Lift hips to create a line through knees, hips & shoulders
- Keep back flat & torso engaged throughout the movement
- Keep toes pulled up to your shins
- Hold for 30 seconds

**Chest Press with Shoulder Press:**

- Simulate performing a push-up in the air in front of your body
- Once you get back to the starting position, proceed into an overhead shoulder press
- Make sure you use a narrow hand-stance and keep elbows tucked in during the shoulder press to ensure you are engaging the tricep (back arm) muscle

**Knee Hug:**

- Lift one leg off the ground and squat back and down on the opposite leg
- Take hold just below your knee & pull towards your chest as you stand tall on the opposite leg
- Keep your weight in the middle of your foot, chest up & contract the glute of your stance leg
- Move with control, & alternate sides each rep

**Basic Squat:**

- Stand with feet slight wider than shoulder width apart.
- Squat down to a comfortable depth (this will vary from member to member)
- Do not go below thighs parallel to the deck (i.e., a 90 degree bend in the knees)
- Return to starting position
- To make this exercise more difficult, perform a 3 count down and a one count up
- The 3 countdown will also be slower and will allow the members to focus on good technique (knees remains above the ankle and all movement will be performed at the hips/buttock lowering down)

**Knee Blocks:**

- With both arms raised above your head, contract your abs and lower both arms to your right knee to perform a knee block Perform a certain number of repetitions
- Repeat on left side
- Perform alternating knee block by alternating from right to left side after one repetition

**Jumping Jacks:**

- Stand with arms at your sides, feet straight and close together
- Bend knees and jump up while spreading arms and legs at the same time.
- Lift arms to ears and open your feet to wider than shoulder width
- As you return from jumping up bring your arms back down to your sides and at the same time bring your feet back together
- Perform basic jumping jacks using the 4 count military cadence

***Level 2 Dynamic Warm-up Exercises (TG Sheet 1-1-2)*****Plank with Arm Lift (30 Sec Hold):**

- Assume plank position with feet wider than shoulder width apart
- Engage torso & alternate reaching up & out with arms – 2 second hold
- Keep shoulders & hips square to deck with arm reach

**Dynamic Lateral Pillar Bridge:**

- Lie on your side with your forearm on the deck under your shoulder – feet stacked together
- Push your hips off the deck, creating a straight line from ear to ankle, hold for 1-2 sec & return to starting position
- Repeat for reps & repeat on opposite side

**Glute Bridge with Knee Extension:**

- Lift hips to create a line through knees, hips & shoulders
- Alternate extending knees – hold 2 sec. ea
- Keep back flat & torso engaged & head on the deck throughout the movement

**Y's (Bent Over):**

- Hinge at waist, back flat & chest up
- Glide shoulder blades back & down & raise your arms over your head to form a Y
- Initiate movement with shoulder blades, not arms & keep thumbs up throughout
- Lower arms back to start & repeat for reps

**Reverse Lunge with Rotation:**

- Contract your back glute at the bottom of the lunge
- Rotate your torso towards the direction of your forward leg
- Keep chest up, don't let your back knee touch the ground
- Alternate sides each rep

**Split Squat:**

- Take a low split position with your weight primarily supported on your front leg
- Keep your torso engaged, tall posture and don't let knee touch the deck
- Alternate legs every 5 seconds until working time elapsed



**3 Sidestep Touch the Deck:**

- In the defensive position, take 3 side steps to the right and touch the deck
- Make sure to maintain a partial squat and remain low
- Return to defensive position and take 3 side steps to the left and touch the deck
- This completes one repetition

**Jump Rope:**

- Simulate jumping rope to prepare the body for high impact activity
- This should NOT be one of your first warm-up exercises
- Vary this exercise by using the following techniques: double jump, single foot, and alternating feet/shuffle.

**Level 3 Dynamic Warm-up Exercises (TG Sheet 1-1-3)****Plank with Alternating Hip Flexion:**

- Start in push-up position with hands directly below shoulders & feet shoulder width apart
- Keeping your hips & torso still, draw one knee towards your chest keeping your back leg straight
- Return to starting position & repeat with opposite leg for prescribed reps on each leg, one foot should always be in contact with the deck
- Move with control & alternate sides each rep

**Pillar Bridge - Rolling:**

- Start in Pillar Bridge position with weight on your forearms
- Hold the position for 1-2 seconds
- With torso engaged and back flat, roll into a lateral pillar bridge and hold that position for 1-2 seconds
- Return to the start position and repeat to the opposite side - that is one repetition

**Glute Bridge Marching:**

- Lift hips to create a line through knees, hips & shoulders
- Lift one knee towards your chest. Hold 2 sec. Alternate legs for prescribed reps with each leg
- Keep back flat & torso engaged & head on the deck throughout the movement

**T's (Bent Over):**

- Hinge at waist, back flat & chest up
- Glide shoulder blades back & down & raise your arms over your head to form a T
- Initiate movement with shoulder blades, not arms & keep thumbs up throughout
- Lower arms back to start & repeat for reps

**Knee Hug to Reverse Lunge with Rotation (4 count):**

- Stand and lift one foot off the ground, squatting slightly with other leg
- Grab opposite knee and pull toward chest while straightening other leg
- Release knee and step back into lunge with same leg without pausing
- Place opposite arm outside of knee and reach other arm behind you
- Reverse the twist, stand up and repeat with opposite leg to complete 1 rep

**Lateral Squat:**

- Stand with feet wider than shoulder width apart, shift hips to the side and down
- Push through your hip to return to start position
- Keep your opposite leg straight, back flat and chest up
- Alternate sides each rep

**Quick Feet/High Knees:**

- Start In the defensive position (feet slightly wider than shoulder width and hands at waist level)
- Perform a quick shuffle of feet until call for high knees (run in place)
- Gradually increase the height of the knees and exercise tempo
- To increase difficulty, count down from 10 in high knees position

**Squat Jumps:**

- Use this exercise to introduce plyometric moves
- Stand with feet slight wider than shoulder width apart.
- Squat down to a comfortable depth
- Do not go below thighs parallel to the deck (i.e., a 90 degree bend in the knees)
- Perform a vertical jump
- Emphasis should be on proper form and technique NOT how high you can jump or the number of repetitions
- Remember to land with “soft knees” and with as little impact as possible

***Quick Reference Guide: TG Sheet 1-1-4 with all 3 levels of Warm-up Exercises******Alternate dynamic warm-up exercises (TG Sheet 1-1-5)***

Provided in the diagram sheet is a list of alternate dynamic warm-up exercises that CFLs/ACFLs can use during Command PT / FEP sessions. Although these exercises will not be taught in the CFL course, they are provided to offer CFLs/ACFLs variety and prevent boredom.

***Standardized PRT warm-up (TG Sheet 1-1-6)***

Remind the trainees that they performed the same exercises earlier that day. Demonstrate and explain the Pec Fly with Overhead Raise and the Calf Raise. Take the class through the exercises in the Standardized PRT Warm-up and then break up class into groups and have the trainees practice all Standardized PRT Warm-up exercises in the correct order.

Review the rest of the standardized PRT warm-up information with the cool-down and stretches.

1. 10 military four-count Pec Fly with Overhead Raise
2. 10 military four-count Chest Press / Shoulder Press
3. 10 military four-count Basic Squat
4. 10 military four-count Calf Raise
5. 10 military four-count Knee Blocks to the right
6. 10 military four-count Knee Blocks to the left
7. 10 military four-count 3 Side-Step Touch the Deck \*
8. 30 seconds of Quick Feet followed by 30 seconds of High Knees \*

\* If the member has lower body joint problems and should not perform high-impact exercises, they can perform the Basic March in lieu of 3 Side-Step Touch the Deck (#7) and/or perform High Marching in lieu of Quick Feet / High Knees (#8).

***Cool-Down / Water Break***

At this point of the session, explain to the trainees the purpose of a cool down by paraphrasing what is documented below:

The cool-down will be performed after the planned physical activity and its purpose is to gradually lower the heart rate and respiratory rate to pre-activity levels. Allow 3-5 minutes to cool down, hydrate, and recover fully before going to the floor for final static stretching.

***Final Stretch***

Explain to the trainees the purpose of stretching and why it is important to do this last. Paraphrase the paragraphs below and make note of the items in blue:

The final stretch is the last segment of your workout and should consist of 5 to 10 minutes of flexibility exercises. Since your muscles and connective tissue are completely warm, it is okay to stretch using more tension than you normally would. Always release slowly from the stretched position. In addition



to increasing or maintaining flexibility, this last segment serves as a final cool-down from the aerobic and muscular conditioning exercises.

### Benefits of a Proper Stretching Program

- Improved posture and body symmetry
- Increased range of motion for each joint
- Minimize low back pain and other joint pain
- Minimize soreness
- Promote relaxation and reduce anxiety

### Types of Stretching

There are three basic types of stretching.

- 1) **Ballistic Stretching** consists of quick, repetitive, bouncing type movements. The momentum can result in damage to muscle and connective tissue and is not an effective method to increase flexibility. (Demonstrate the bouncing toe touch so they understand what ballistic means. Then tell them: what does this look like? It resembles the “cherry picker” contraindicated exercise and that is why we don’t endorse that exercise.)
- 2) **Static Stretching** involves gradually going into a position of stretch until tension is felt. Since static stretching is more controlled, there is less chance of exceeding the limits of the tissue thereby creating injury. (Demonstrate a static stretch here-one of the 12 listed below.)
- 3) **Contract and Relax** (or PNF) involves contraction of muscles or muscle groups for 5 to 10 seconds followed by relaxing and stretching. Traditionally, this procedure has been utilized by therapists for rehabilitation purposes. If carefully instructed and supervised, contract/relax methods can be effective in flexibility programs. Some of the positions require a partner, however, which increases the risk of overstretching and consequent injury. (Demonstrate contract relax on the hamstring using a trainee. Have them push for 5 seconds against your hand/shoulder, then relax. As they relax, you could stretch them further. Tell the trainees they could use a partner or the wall (where they are lying down and one leg is against the wall and the other is thru the door way) to improve their flexibility of hamstrings.)

### General Rules for Stretching Safety:

Stretching to increase flexibility is an important part of an overall fitness program and should not be excluded from your weekly regimen. Using static stretching the position should be held for 30 seconds to get maximal flexibility results. If your time is limited, try to perform stretches that involve several muscle groups at once (like those listed below), but make sure you do not compromise technique.

### Things to Avoid While Stretching: (Demonstrate these bad stretches) (TG Sheet 1-1-7)

- Avoid extreme hyperextension of the spine (arching the back), e.g.



- Avoid locking any joint and always keep a slight bend in the knee when performing standing stretches.
- Never force a movement
- Avoid forward flexion of the spine, e.g.
- Avoid spinal rotations, e.g.
- Do not perform circular motions, e.g.



### Contraindicated Stretches

It is best to completely avoid *contraindicated* positions or stretches. Although it is not guaranteed that an injury will result, the chances are much is increased. There are safe and effective alternatives to contraindicated stretches. Even if you do not feel pain while performing a contraindicated stretch, damage may be occurring, which will show up later.

#### Common contraindicated stretches

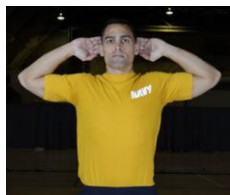
<p>This stretch may cause an individual to get dizzy (extreme hyperextension)</p>	<p>Deep squats put too much pressure on the knees</p>	<p>Leaning too far forward places excessive pressure on the lower back.</p>
<p>This stretch puts too much stress on the knees and ligaments</p>	<p>Avoid the knee extending beyond the toes</p>	<p>The Hurdler's stretch places excessive pressure on the tendons and ligaments of the bent knee</p>

***Navy Selected Exercises: Top 12 Stretches (TG Sheet 1-1-8):***

Explain to the trainees there are a lot of “good” static stretches but we reduced this number to 12 to simplify the process. These will be the 12 exercises taught in this class and they will be responsible for demonstrating all the dynamic warm-up and static stretches during the next 4 days. Go on to paraphrase the paragraph below:

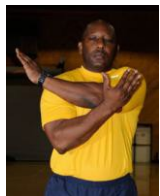
In order to perform an effective exercise routine, time management, and exercise selection will play a major role in your success. Several of these exercises involve stretching multiple muscle groups at one time so you can complete a total body flexibility program within 5 to 10 minutes. Also, the exercises selected should be performed in the sequence provided so you gradually transition from a standing position to a ground position. All stretches should be held for a minimum of 15 seconds.

Lead the trainees through all 12 exercises using an “echo count” (they repeat the number after you) from 30 seconds down to one. Especially on day one (because they did the PRT), you will use 30 second counts. On day 2-4, you could vary between 15-30 seconds dependent upon the difficulty of the session (ex: speed clinic is intense so I would use 30 seconds).

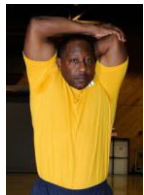
**Stretch #1: Chest Stretch**

**Description:** In a standing position, gently clasp both of your hands and place them on the back of your neck. Slowly pull your elbows back until you feel a stretch on your chest. Do not pull your head forward or place tension on the neck.

**Caution:** You can do this as a partner assisted stretch but they should not force the stretch by aggressively pulling back on the elbows.

**Stretch #2: Posterior Shoulder Stretch**

**Description:** Place your left hand on the back side of your right arm above your elbow on the front of your body and gently pull your arm across your body. You should feel a stretch on back side of your shoulder and upper arm. Repeat to stretch opposite side of your body.

**Stretch #3: Triceps Stretch (Upper back side of arm)**

**Description:** Take your left arm and reach behind your back. By placing your right hand on the back side of your left arm, gently push back to achieve a stretch on the left triceps muscle. Repeat on opposite side.

**Stretch #4: Hip Flexor Stretch**

**Description:** In a standing position, place your right foot approximately 3 to 4 feet in front of your left foot (like a lunge). Slowly bend both knees until you lower your body towards the ground. Your left knee should almost be at 90 degrees. Gently push your left hip forward to feel the stretch in the front of your hip. If you don't feel the stretch, gently lean your upper body back.

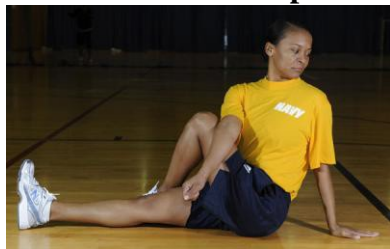
**Tip:** Since you use this muscle group during the Navy Curl-Up, this stretch should be performed after the curl-up event to prevent cramping and prepare this muscle group for the cardio event.

**Stretch #5: Groin or Butterfly Stretch**

**Description:** While sitting with the upper body nearly vertical and legs straight, bend both knees, and bring the soles of the feet together. Pull feet toward your body. Gently place your hands on your feet and your elbows on your knees. Pull your upper body slightly forward as your elbows push down. You should feel a stretch in your groin area.

**Stretch #6: Modified Hurdler Stretch**

**Description:** While sitting in a v-position, gently pull your left foot towards your groin area. Your right leg will remain straight with a slight bend in the knee. Gently lean forward and reach for your toes on your right leg to stretch out your hamstring.  
**Note:** The stretch will be more difficult if you pull your toes back towards your body (vs. pointed).

**Stretch #7: Outer-Hip-and-Low-Back-Stretch**

**Description:** While in a long sitting position (legs in front of you with knees straight), cross your right leg over the left. Your right foot should be on the ground at approximately your left knee level. Take your left elbow and place it on the outside of your right knee and gently push your knee towards the left side of your body. You should feel a stretch on the outer portion of your right hip and in your low and mid back region. Repeat to opposite side.

**Stretch #8: Piriformis Stretch**

**Description:** While you are lying on your back, gently cross your right leg over your left thigh (both knees are bent at 90 degrees). Take both hands and place on the back side of your left thigh. Gently pull towards your chest until you feel slight tension in your right buttock and outer thigh. Repeat on opposite side.

**Note:** If you are experiencing low back pain after performing physical activity, seek medical assistance. This exercise should be performed to increase flexibility in this region and may assist in decreasing pain.

**Stretch #9: Low Back Stretch**

**Description:** While lying on your back, gently pull one or both knees to your chest. You should feel a stretch in your low back and buttocks.



**Stretch 10: Quadriceps Stretch**

**On-the-Ground Description:** While lying on your side, with a slight bend in your left knee, grab your right ankle with your right hand and maintain your balance. Gently pull your right foot towards your buttocks while making sure your knees is aligned with the body (make sure knee is not sticking out and it is directly below your hip). Repeat to opposite side.

\*\*You can also stretch out your trapezius (neck) muscles during this quadriceps stretch (neck muscles) by bringing your chin to the opposite side of your chest.



**Standing Description (alternative):** In a standing position, with a slight bend in your left knee, grab your right ankle with your right hand and maintain your balance. Gently pull your right foot towards your buttocks while making sure your knees is aligned with the body (make sure knee is not sticking out and it is directly below your hip). You can also stretch out your trapezius (neck) muscles during this quadriceps stretch (neck muscles) by bringing your chin to the opposite side of your chest. Repeat to opposite side.

**Additional Note:** If you are having difficulty balancing, you can hold on to a wall or perform this stretch while lying on your side.

**Stretch #11: Abdominal Stretch**

**Description:** On your stomach, place your hands beneath your shoulder and gently push up until you feel a stretch on your abdominal muscles. Do not fully lock out your elbows and hyperextend your back.

**Note:** If you feel any discomfort in your low back while performing this exercise, you can reduce the tension by using the “propped on elbow” position.

**Stretch #12: Calf Stretch**

**Description:** In a push-up position, cross the left foot over the right. With the right knee straight, gently push the right heel toward the deck. You will feel a stretch in the right calf. Hold for 15 seconds. Repeat to opposite side.

**Note:** Your body should remain in a straight line from your shoulders to your ankle to prevent low back injury and to strengthen your core muscles.

\*\* After performing the stretches, the application part of the gym session is over. Ask the trainees if they have any questions at this point. Remind them of homework assignments, when class is starting tomorrow etc. Finish the sessions with: “CFLs are you ready”? After they say “Always Ready!”, then yell: “Dismissed!”

## GYM SESSION S-562-0612-2

## STRENGTH TRAINING

## A. RESOURCES

None

## B. GYM SESSION

**Day 2- Strength Conditioning (TG Sheet 1-10-1)**

Re-emphasize the importance of strength conditioning (as mentioned in the Exercise Physiology lecture earlier in the day.) Take a few minutes to show and name the major muscle groups of the body. Stress the importance of choosing exercises that work both the anterior/posterior aspects of the body when developing their strength routines. For example, one can have a strong bench press, but they must also be strong with a seated row. For strong abdominals, you must have a strong lower back, and so forth. For every primary mover, there is an assistor and it is important that they are all trained equally. There must be an equal emphasis placed on both anterior/posterior movements to maintain balance/symmetry as well as to avoid injury. Lastly, remind CFLs of the importance in incorporating all major muscle groups when developing a strength class for their commands.

The goal of the exercise session today is to show you numerous ways that you can teach strength exercises in a group session and how to incorporate it into a quick, yet effective workout for your commands. This session includes upper body, lower body, and core strength exercises with progressions for most exercises categorized into Level 1, 2, and 3.

A full-body strength circuit will be taught after demonstrating every exercise to show you how to put together a proper strength workout. You will be using your own bodyweight and resistance tubing to challenge the body in strength activities. With all of the exercises, I will demonstrate the correct technique, cueing, as well as show their respective progressions.

Start off the gym session by asking the trainees: “Are You Ready?” They will respond “Always Ready”. Then proceed to asking the Pre-Physical Activity Questions.

**Warm-up Exercises**

Break the class into groups of at least 4 people and have them practice the warm-up exercises taught on Day One for 10-15 minutes. Prior to beginning the Strength workouts, select 8 CFLs to teach one of the eight exercises of the Level One Dynamic Warm-up. Once the warm-up is complete, have everyone grab a tubing/mat (if available).

**Upper Body Exercises**

Introduce and demonstrate each exercise and then lead CFLs with 5 repetitions for each exercise. Ensure that CFLs demonstrate proper form and technique of the movement before proceeding to the repetitions.

***Chest (Anterior)*****Level 1:**

1. **Push-up (Standard)** (Start in front leaning rest position. Maintain a straight line from your knees to your ears throughout the movement.)

**Level 2:**

1. **Staggered Stance Push-up** (Describe how this is a functional push-up-when we fall, we don't carefully put our hands under our shoulders to push us away from the ground. This exercise is a good exercise for Sailors going on IA accounts. Also, since the hands are not directly below the shoulders, it alters the mechanical advantage of the arms and makes it more difficult).
2. **Negative (3 down, 1 up)** (Discuss how this exercise is more effective for strength gains because the muscle is working eccentrically.)

**Level 3:**

1. **Push-up Clock** (Explain how this exercise improves shoulder stability and core strength by performing numerous push-ups in a "dynamic motion" - going from one push up to another - complete one full circle.)

***Back/Shoulders (Posterior)*****Level 1:**

1. **Bent over Y's (w/o band)** (Hinge at waist, back flat, and chest up. Glide shoulder blades back and down and raise your arms over your head to form a Y. Initiate movement with shoulder blades, not arms and keep thumbs up throughout. Lower arms back to start and repeat for reps.)
2. **Bent over T's (w/o band)** (Hinge at waist, back flat and chest up. Glide shoulder blades back and down and raise your arms to your sides to form a T. Lower arms back to start and repeat for reps. Initiate movement w/ shoulder blades, not arms and keep thumbs up towards ceiling throughout.)
3. **Bent over Rows (w/ band, bilateral)** (Stand hinged over at the waist, knees slightly bent with both feet standing on the band, holding handles in each hand. When rowing, slide shoulder blades toward your spine and then lift the handles to your body by driving elbows to the ceiling. Keep torso engaged and back flat during movement.)

**Level 2:**

1. **Bent over Y's (w/ band)** (Hinge at waist, back flat and chest up. Glide shoulder blades back and down and raise your arms over your head to form a Y. Initiate movement with shoulder blades, not arms and keep thumbs up throughout.)
2. **Bent over T's (w/ band)** (Hinge at waist, back flat, and chest up. Glide shoulder blades back and down and raise your arms out to your sides to form a T. Initiate movement with shoulder blades, not arms, and keep thumbs up throughout.)
3. **Bent over Rows (w/ band, unilateral)** (Stand hinged over at waist with knees slightly bent. Wrap band on one foot, holding the handles in the opposite hand. Lift handles to your body by driving elbow to the ceiling. Keep torso engaged and back flat during movement.)

4. **Overhead Press ½ kneeling** (Half kneel with back knee on deck, posture erect. Wrap the band on your front foot and hold handle in each hand. Press the bands straight overhead, keeping your arms in line with your body.)

**Level 3:**

1. **Squat w/ Shoulder Press** (Squat hips back and down until thighs are parallel with deck. Return to standing by pushing through your hips. At top of stance, press handles overhead. Keep weight on arches and do not let knees collapse during the movement.)
2. **Single Leg, Single Arm Bent-over Row (w/ band)** (Wrap the band on your foot. Stand, hinged over at the waist, holding the band in one hand. Move with your shoulder, not your arm, to initiate the row. Keep your back level - your shoulders should stay parallel to the deck. Keep your torso engaged and your back flat throughout the movement.)

**Arms (Anterior/Posterior)****Level 1:**

1. **Bicep curl w/ band** (Stand feet shoulder width apart, with feet on top of tubing. Alternating arms, slowly contract the bicep muscle and release down slowly. Repeat for reps.)
2. **Tricep dips** (If available, use bleacher or steps to demonstrate a proper dip. Make sure that back stays in a straight line throughout the movement.)

**Level 2:**

1. **Tricep ext. w/ tubing** (Remind CFLs to step away or closer to the handle to provide the appropriate resistance for the exercise, ensuring full extension of the arm.)
2. **Front/Side Raises w/ tubing** (Demonstrate alternating front raises for 5 repetitions and follow with 5 alternating side raises.)

**Lower Body Exercises**

Complete 5 repetitions of each exercise.

**Level 1:**

1. **Calf Raises** (Standing tall, slowly elevate the body by lifting up on the toes. Use a 4-count cadence for 5 repetitions for this exercise.)
2. **Wall Squats (30 second hold)** (Stand with back against the wall. Slowly bend the knees and allow the back to slide down the wall until the thighs are approximately parallel to the floor. Hold for 30 seconds.)
3. **Body Weight Squats** (Demonstrate a proper squat and an improper squat. Remind them to push hips back and down until thighs are parallel to the deck. Return to standing by pushing through the hips.)
4. **Bodyweight Lunges (Forward/Reverse)** (Demonstrate both an alternating forward lunge for reps and follow with alternating reverse lunges for reps.)



**Level 2:**

1. **Single Leg Wall Squat** (Stand with back against the wall. Slowly bend the knees and allow the back to slide down the wall until the thighs are approximately parallel to the floor. Lift one foot up off the deck and hold it up. Hold squat for 30 seconds.)
2. **Squat w/ tubing** (Using tubing placed underneath both feet for resistance, proceed with a standard squat.)
3. **Split Squat w/ tubing** (Stand in a tall split position with a band under your front foot holding the handles at your shoulders with elbows facing forward. Drop hips towards deck by bending your front knee without letting your back knee touch the deck. Return to tall split position by pushing up with your front hip.)

**Level 3:**

1. **Stationary Squat w/ tubing** (NEED DESCRIPTION.)
2. **Lateral lunges** (Start w/ a good posture, hands at your side and feet shoulder width. Step to one side, keeping toes forward and feet flat. Squat through hip while keeping our opposite leg straight, push through your hip to return to start position.)
3. **Walking Lunges** (Alternative forward lunges right and left, lunge the length of the basketball court and walk back.)

**Core/Combo Exercises*****Abdominals focus*****Level 1:**

1. **Crunches** (Lie face up with knees bent and hands across your chest. Lift chest up until shoulder blades are off the deck and rotate your pelvis towards your belly button. Slowly return to starting position and repeat for prescribed reps.)

**Level 2:**

1. **Bicycles** (Remind CFLs to slow the movement down and focus on the lengthening of the legs as they alternate shoulder/elbow movement to opposite knees. Keep shoulders lifted off of the deck throughout the movement.)
2. **Oblique Twists** (Sit on the deck with knees bent, feet flexed. Contract abdominals and sit at about a 45 degree angle. With or without a medicine ball, contract abdominals and slowly twist from your torso to the right and touch medicine ball to the floor. Quickly, but smoothly, twist to the left.)

**Level 3:**

1. **Straight Leg Lowering Alt.** (Slowly lower your straight leg down until you feel your pelvis about to start moving. Keep your torso engaged and back flat. Return to starting position and repeat to opposite side.)

## ***Glute Focus***

### **Level 1:**

1. **Glute Bridge** (With feet shoulder width, lift hips to create a line from knees, hips, and shoulders. Keep back flat and torso engaged throughout the movement.)

### **Level 2:**

1. **Glute Bridge Leg Raise.** (Lift hips to create a line from knees, hips, and shoulders. Lift knee, fully extend leg, hold for 15 seconds. Slowly lower down and repeat on other side.)

### **Level 3:**

1. **Glute Bridge Marching** (Lift hips to create a line from knees, hips, and shoulders. Alternate extending knees-hold 2 seconds each. Keep back flat and torso engaged and head on the deck throughout the movement.)

## ***Lower back/Erector Spinae Focus***

### **Level 1:**

1. **Bird Dog** (Starting in a quadruped position, knees under hips, hands under shoulders, extend one arm in front and opposite leg back. Hold for 2 sec and switch levers.)
2. **Superman** (Starting in a prone position, neck neutral, arms/legs extended, slowly lift left arm and right leg slightly off the deck, hold for 2 sec and switch levers.)

## ***Combo***

### **Level 1:**

1. **Pillar Bridge** (Explain to trainees how this will help with core strength and shoulder stability and will prevent “sagging back” or the need to stretch out the back by sticking their buttocks in the air during push-ups.) Complete a 30 hold.

### **Level 2:**

1. **Plank w/ arm lift** (Keep shoulders and hips square to deck with arm reach. Keep torso engaged during moving, alternating reaching up and out with arms-hold 2 sec. each.)
2. **Lateral Pillar Bridge** (beginner on knees and advance version with T stance or using the legs and arms extended. Show trainees how they can stagger leg stance to help with balance. Hold for 30 seconds.)
3. **Dynamic Lateral Pillar Bridge** (In side pillar bridge position, push your hips off the deck, creating a straight line from ear to ankle, hold for 1-2 sec and return to starting position.)
4. **Single Pillar Bridge** (Start in pillar bridge positions. Lift one leg off the deck, foot flexed, and hold for 30 seconds. Discuss pelvic tilt.)

### **Level 3:**

1. **Plank Running** (Start in push up position with hands beneath shoulders, one knee toward chest, one straight. Begin to alternate leg position while keeping torso engaged and hips still. Be sure to keep one foot in contact with the ground at all times and your back flat throughout the entire movement.)

2. **Lateral Pillar Bridge to Push-up** (Start in front leaning rest position, complete one push-up and slowly move into a side-plank position, holding for two seconds. Slowly bring the body back into front leaning rest to perform exercise on other side.)
3. **Lateral Pillar Bridge w/ Leg lifts** (Start in lateral pillar bridge position. Slowly lift top leg up and hold for two seconds. Lower leg down and repeat for reps. Ensure that CFLs maintain proper alignment throughout the movement..)

## Strength Circuits

**Cue:** Now that we have shown you exercises for every major muscle group, as well as their progressions, we are going to demonstrate how you can put it together into a quick and effective workout.

Depending on space availability, these circuits can be taught as stations or they can be taught all together as a group. See above for exercise descriptions. We have chosen one exercise from each muscle group in Level 1. For a Level 2/3 workout, any of the exercises we demonstrated today can be used.

Trainees will complete two circuits. The first circuit will consist of level 1 exercises. The second circuit will consists of level 2 exercises. **30 seconds each station/exercise.**

Circuit 1/Level 1	Circuit 2/Level 2
Push-ups	Negative Push-up
Bent-over Y's	Bent-over Row (unilateral)
Bicep Curls	Triceps Extension w/ tubing
Dips	Split Squat w/ tubing
Bodyweight Squats	Bicep Curls w/ tubing
Crunches	Bicycles
Glute Bridge	Glute Bridge Leg Raise
Pillar Bridge	Plank w/ Arm Lift

## Cool-down Exercises and Flexibility

End the class by having the trainees lead a cool-down session (5-10 minutes) and demonstrate all 12 flexibility exercises taught the day before. Critique the trainees in their technique at this time.

Discuss the homework assignment for Day 2 and ask if the trainees have any questions. Once this is complete, yell: "CFLs, are you ready?" Once they reply, "Always Ready!"...then yell..."Dismissed".

## GYM SESSION S-562-0612-3

## CARDIO-RESPIRATORY CONDITIONING

## A. RESOURCES

None

## B. GYM SESSION

**Day #3: Cardiovascular Conditioning (TG Sheet 1-16-1)**

**Instructor note:** Today will involve quite a bit of running and the intensity builds throughout the workout culminating with competitions performed at the end, which can elicit intense effort. Make sure to allow for ample recovery between segments and reduce quantity where necessary to accommodate your group. Model what you would like to see CFL's implementing in the field!

**Key talking points:**

- Your workouts today will encompass methods that allow a group to “push the limits” yet accommodate varying levels of conditioning.
- To that end, each drill can be progressed through multiple stages, each of which increases the intensity of the workout.
- We will be performing drills that can only be performed where space allows, however, the same variable intensity methods can be applied on cardio equipment when that is the only alternative and/or a member chooses to train for an alternate cardio test. These options can be found at [www.navyfitness.org](http://www.navyfitness.org) under NOFFS.
- It is important to monitor participants for signs of overexertion. Know what you are looking for so those in red zones can be accommodated appropriately (e.g. extended rest periods, transition from multi direction work to linear should body control be less than ideal, pace reduction or complete removal from the activity).
- Emphasize the need for quality over quantity. Greater fatigue and diminished body control can lead to injuries such as ACL tears, ankle sprains and hamstring strains.

***Running Tips:***

Today's workout will focus on short duration bursts of speed as well as multidirectional movement. The following are some tips to aide your running mechanics when applying this type of training:

- Stride shortens
- Mid to forefoot strike
- Focus on turnover rate vs. stride length
- Head up with eyes straight ahead
- Positive Shin Angle

- Wear appropriate shoes (running shoes or court/cross training shoes are appropriate)
- Arms should be swinging forward & back not side to side
- Arms should remain relaxed (elbows at 90 degree bend or lower)
- Opposite arm and leg should be working in unison
- Avoid side to side movements
- Use Controlled Breathing

Start off the gym session by asking the trainees: "Are you ready?" They will respond "always ready." Then proceed by asking the Pre-physical Activity Questions.

### ***Warm-up Exercises***

Have the trainees perform the level 3 dynamic warm up. After completing Level 3 Dynamic Warm-up, use the talking points below to discuss their next exercise: Indian Run/Fartlek Training.

### ***Fartlek run (Indian style)***

Fartlek training technique is one utilized to intersperse periods of higher intensity within a slower run pace. This is especially useful in unit PT as it can be easily implemented in medium to large groups when conducted as an "Indian run".

#### **Talking points:**

1. The Fartlek run is a great endurance building tool.
2. It is easily implemented, functional, team building, and a proven tool for enhancing run time.
3. It can be implemented in such a way to accommodate different ability levels.
4. It is important to monitor participants for "red zone" exercisers.
5. Run variables include overall time, pace, number of participants (increases recovery time but also sprint distance).

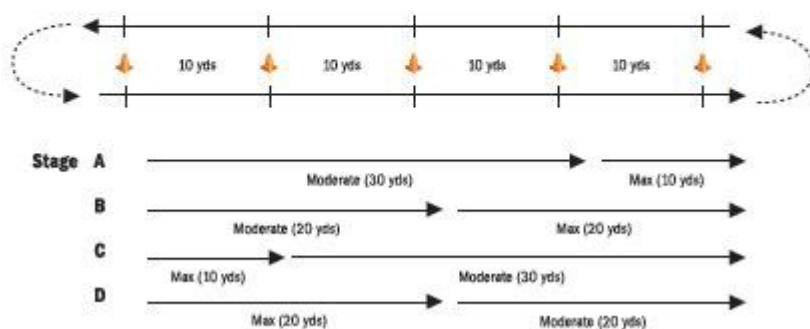
Break the group into 10-15 person teams. This is a great opportunity to divide the group into ability groups according to the PRT run times you observed on Monday. Ask the members of an assigned group to begin running around the gym, track, or outdoor field in a slow comfortable jog in a single file line. The person at the end of the line sprints to the front while the team continues at a relatively slow pace. Once the person reaches the front of the line, the person at the back of the line does the same. Continue repeating the sequence for 5-7 minutes. If the space available will accommodate more than one group at a time, space them out and let them all participate simultaneously.

Allow for a short break while you prepare for the linear accelerations but ask participants to continue to walk and get some water.

## Linear Accelerations

Take members through the linear accelerations stage A and C only and complete 2-3 rounds of each. Decrease to 1 round each should attendees be unable to effectively accelerate and decelerate in a controlled fashion. Explain the differences between each stage to include those you are not performing (stage B and D).

Stage:	Pattern	Work	Rest	Short	Medium	Long
A	30 yds Moderate/10 yds Max	2 min	1 min			
B	20 yds Moderate/20 yds Max	2 min	1 min	x3	x5	x7
C	10 yds Max / 30 yds Moderate	2 min	1 min			
D	20 yds Max / 20 yds Moderate	2 min	1 min			



Set up:

- Set up 5 cones or markers 10 yds apart for a total distance of 40 yds as shown in the diagram
- Set up the cones with room to spare after the last cone to allow you to run through the last cone on each sprint

Procedure:

- Select the appropriate pattern, work-to-rest ration, and repeats for the stage you are on
- Start with a light jog, back and forth, through the pattern for 2 minutes to warm up
- During the work interval run the pattern at the prescribed intensity (see chart)
- After passing the last cone in the pattern, turn around and repeat the pattern in the opposite direction. Continue to repeat for the duration of the work interval
- During the Rest interval walk or jog between the two end cones

Coaching keys:

- Use the RPE table on TG sheet 1-16-1 to determine your work interval intensities
- Focus on distinct change of speeds between Moderate and Max intensities
- Keep your movement clean as you accelerate through the drill
- When working in large groups, set up multiple sets of cones and divide the group appropriately – you can start people at either end of the cones to increase numbers of people per cones

## 6 Cone Drills

### Level 2 Cone Drills: 2 Rounds each of Stage B and D

**Instructor note:** It is important to effectively accommodate the size of the group so more stations for larger groups is essential to experiencing the training effect. When space does not allow, lengthening the interval (work) time or alternating groups of teams is appropriate.

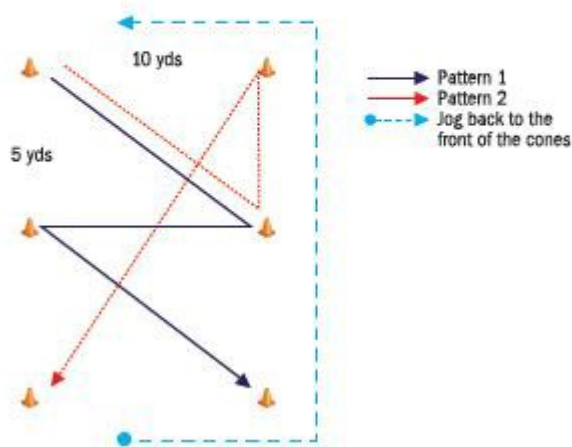
Stage:	Pattern	Work	Rest	Short	Medium	Long
A	1	1:00	2:00	x2	x4	x5
B	1	2:00	1:00	x3	x5	x7
C	Alt. 1 & 2	1:00	2:00	x2	x4	x5
D	Alt. 1 & 2	2:00	1:00	x3	x5	x7

Set up:

- Set up 6 cones or markers 5 x 10 yds apart as shown in the diagram

Procedure:

- Select the appropriate pattern, work-to-rest ratio, and repeats for the stage you are on
- Start with a light jog, back and forth, through the pattern for 2 minutes to warm up
- During the Work interval run the pattern at a HARD intensity (See RPE chart)



Pattern 1:

- Sprint diagonally and decelerate under control at the cone
- Shuffle across to the next cone
- Plant at the cone and sprint diagonally through the next cone
- Jog around to start of the drill
  - If repeating pattern 1 alternate the start cone from right to left
  - If the next pattern is 2 (Stage C&D), start at same cone

Pattern 2:

- Sprint diagonally and decelerate under control at the cone
- Backpedal to cone behind you
- Plant at the cone and sprint diagonally through the next cone
- Jog around to start of the drill, alternating cones you start at and repeat pattern 1

Coaching keys:

- Keep your movement clean as you accelerate and decelerate through the cones
- Continue to run through the patterns for the duration of the work interval
- Recover during the rest interval by jogging around the cones
- Accelerate HARD at each sprint
- Decelerate under control by lowering your center of gravity and taking shorter steps
- In stage C & D you will be alternating between the two patterns for the duration of the work interval

### ***Team Competitions***

The trainees are already warmed-up and should be ready for team competitions. This exercise session is used to demonstrate how Sailors can still get a great workout by having fun. The groups will compete with each other to see who can get the most “wins” during the events. The only required event for this segment of the exercise session is the 300 yard shuttle run. Other team events can be incorporated as time and safety allow.

### ***300 Yard Shuttle-Run***

Divide into teams and perform a 300 yard shuttle run

**Procedure:** Mark a start line (cone or end line on the basketball court). Mark a point 25 yards from the start point. First in line will begin with a blow of the whistle. They will sprint to the 25 yard marker, touch the ground or cone and return to the start line, touch the start line and return back to the 25 yard marker. This will be repeated until the participant completes 6 25 yd intervals at which time they will touch the next person-in-line’s hand and they will begin. Continue until each team member has finished the drill.

**Alternative:** Objects to be carried can be placed at the start line and at the turn around point. Participant will carry the object through the sprints, exchanging the item at each turnaround point. Examples include med balls, sand bags, bean bags, eggs, volleyballs. Once a member completes the drill, they should hand off the item to the next participant.

### ***Additional Drills (if time allows)***

- Get-up and Go’s
  - Start in push up position, do 10 push-ups, sprint down and back.
  - Start supine, do 10 crunches, sprint down and back.
- Jump rope down and back
- Set up cones in a straight line
  - and: ○ Dribble basketball in
  - between ○ Run around the
  - cones
- Basketball Caterpillar (trainees go in a line and pass basketball up, over, and under the legs of the next individual).
- 90-100% effort 30 to 50 yards (allow enough space for deceleration)

You can add other events if you like, however, maintaining quality in movement is essential and if the participants “put out” in the previous portions, they should be somewhat fatigued.

### ***Cool-down Exercises and Flexibility***

After you are finished have the trainees provide the cool-down and flexibility exercises to the entire group. Then discuss the following with the class:

1. Today was an introduction to interval training, specific to the preparation of the run portion of the PRT.



2. Interval training has proven to be a highly effective tool in developing cardiovascular conditioning and since it is generally performed while running, it is specific to the eventual activity to be performed. It is also specific to many of the tasks we perform on a daily basis, as they tend to be short in duration.
3. It is also important to note that those preparing for the 1 ½ mile run should incorporate that distance into their training routine, especially as you get closer to the test date. The same holds true for those opting for alternative cardio tests. For instance, performing the drills we performed today 1-3 times a week should be coupled with at least a “mock” PRT run once every other week progressed to once a week within 4 weeks of the test.

Review all homework assignments. Remind them of when class is starting tomorrow etc. Finish the sessions with: "CFLs, are you ready"? After they say "always ready," then yell: "Dismissed!".

## GYM SESSION S-562-0612-4

## NAVY OPERATIONAL FITNESS AND FUELING SYSTEM (NOFFS)

## A. RESOURCES

None

## B. GYM SESSION

**Day 4: Navy Operational Fitness and Fueling System (NOFFS):  
Submarine Series, Level 2 (TG Sheet 1-20-1)**

Start off the gym session by asking the trainees: "Are you ready?" They will respond "always ready." Then proceed to asking the Pre-physical Activity Questions.

Have the trainees practice the dynamic warm-up exercises for 10 minutes.

The exercises in NOFFS are designed to replicate the activities Sailors conduct in their operational duties: lifting, pushing, pulling, carrying. NOFFS contains four specialized series tailored for use on submarines, surface ships, large decks, and for group physical training. These four categories provide Sailors three different levels of exercises that are based on current fitness and capability. Today, we will be using the Submarine Series, Level 2, Stage C for our workout. This workout is tailored for confined spaces and limited equipment.

**Pillar Preparation**

Your Pillar- which consists of your hips, torso, and shoulders- represents the foundation for all your movement. "Pillar Prep" primes these critical muscles to prepare your body for the work ahead- helping to protect you from injury and boost your performance during your training session.

**\*Complete 8 repetitions of each exercise\***

1. **Pillar Bridge w/ Arm lift** (Assume pillar position with feet wider than shoulder width apart. Engage torso and alternate reaching up and out with arms- hold 2 seconds each. Keep shoulders and hips square to deck with arm reach.)
2. **Glute Bridge Marching (Knee extension)** (Lift hips to create a line from knees, hips, and shoulders. Alternate extending knees-hold 2 seconds each. Keep back flat and torso engaged and head on the deck throughout the movement.)
3. **Y's Bent Over** (Hinge at waist, back flat, and chest up. Glide shoulder blades back and down and raise your arms over your head to form a Y. Initiate movement with shoulder blades, not arms and keep thumbs up throughout. Lower arms back to start and repeat for rep.)
4. **90/90 Stretch - Legs Crossed** (Lie with left knee bent 90 degree, your right leg crossed over the left. Roll onto left side knee and the deck. Keep hips stationary, rotate chest and arm trying to place back on the deck. Hold 2 seconds. You should feel a stretch through your torso and your mid/upper back. Complete repetitions, repeat on opposite side.)

## Movement Preparation

Lengthen, strengthen, and stabilize your body. Movement Prep consists of a series of active and dynamic stretches to help prepare you to move.

### \*Complete 6 repetitions of each exercise.\*

1. **Mini-band - Bent Knee Lateral Walk** (Stand in quarter-squat position with feet hip width and band just above knees. Take small side steps, lead elbows drive back, with each step. Push with back leg. Don't reach with front leg. Keep mild tension on band at all times.)
2. **Reverse Lunge, Elbow to Instep - In place** (Place right hand on deck and left elbow inside of left foot. Hold for 2 seconds. Place left hand outside foot and push hips to the sky. Keep back knee off deck and contract rear glute. Alternate sides each rep.)
3. **Lateral Squat - Low Alternating** (Stand with feet wider than shoulder width apart, shift hips to the side and down. Keeping our hips low the entire time, push through your hip to shift your weight onto the opposite leg. Move with control and keep your chest up throughout the movement. Alternate sides each rep.)
4. **Reverse Lunge w/ Reach** (Contract your back glute at the bottom of the lunge. Reach your one hand overhead, reaching other hand toward the deck-hold for 2 seconds. Keep chest up; don't let your back knee touch the deck. Alternate sides each rep.)
5. **Drop Lunge - Alternating** (Reach one foot behind, square hips forward and sit back and down into a squat. Maintain weight primarily on front leg, keep your chest up, torso engaged, and sit hips back. You should feel a stretch in the outsides of both hips. Alternate sides each rep.)
6. **Inverted Hamstring** (Keep straight line from ear to ankle, hinge at waist and elevate your leg behind you. When you feel a stretch, return to the standing position by contracting glute and hamstring. Keep stance leg slightly unlocked, back flat and shoulders and hips parallel to deck. Complete reps, repeat on opposite side.)

## Strength

These strength training exercises are desired to improve your performance in real-world (on-the-job) type movements, i.e., pushing, pulling, lifting, and carrying. Pay close attention to the quality of your movement. Select a resistance that you feel challenged with for the number of reps prescribed. This strength options takes advantage of the Fit Kit equipment using bands and body weight as the primary source of resistance.

For this workout, you will be completing two different strength circuits.

### \*Complete 2 sets of each circuit, 12 repetitions for each exercise.\*

#### *Circuit 1*

1. **Glute Bridge: 2 legs up, 1 leg down** (With feet shoulder width, lift hips to create a line from knees, hips and shoulders. Hold the top position while lifting your left knee towards your chest, and then slowly lower your hips to the starting position with the right leg. Keep back flat and torso engaged throughout the movement. Complete reps, repeat on opposite side.)

2. **Push-up Standard** (Assume a push up position with hands and feet on the deck. Maintain a straight line from your knees to your ears as you complete the push up. Push your sternum away from your hands at the top of the movement.)
3. **Split Squat (Bands)** (Stand in a tall split position with a band under your front foot holding the handles at your shoulders with elbows facing forward. Drop hips towards deck by bending your front knee without letting your back knee touch the deck. Return to tall split positions by pushing up with your front hip. Complete reps, repeat on opposite side.)
4. **Bent Over Rows (Bands)** (Stand hinged over at the waist, knees slightly bent with both feet standing on the band, holding handles in each hand. When rowing, slide shoulder blades toward your spine and then lift the handles to your body by driving elbows to the ceiling. Keep torso engaged and back flat during movement.)

## ***Circuit 2***

1. **Squat to Overhead Press (Bands)** (Squat hips back and down until thighs are parallel with deck. Return to standing by pushing through your hips. At top of stance, press handles overhead. Keep weight on arches and do not let knees collapse during the movement.)
2. **T's Bent Over (Bands)** (Hinge at waist, back flat, and chest up. Glide shoulder blades back and down and raise your arms out to your sides to form a T. Initiate movement with shoulder blades, not arms, and keep thumbs up throughout.)
3. **Dynamic Lateral Pillar Bridge** (Lie on your side with your forearm on the deck under your shoulder-feet stacked together. Push your hips off the deck, creating a straight line from ear to ankle, hold for 1-2 seconds and return to starting position. Repeat for reps and repeat on opposite side.)
4. **Crunches** (Lie face up with knees bent and hands across your chest. Lift chest up until shoulder blades are off the deck and rotate your pelvis towards your belly button. Slowly return to starting position and repeat for prescribed reps.)

## **Metabolic Circuit**

Perform each movement for the prescribed amount of time then quickly move to the next movement. Continue this cycle for the duration of the work interval. Recover during the allotted rest interval and repeat. Proper form and technique are essential for exercise effectiveness and injury prevention, so pay careful to the trainees' form and technique throughout.

**\*20 seconds per movement, 1 minute rest between circuits, 3 Circuits\***

1. **Reverse Lunge Alternating** (Contract your back glute at the bottom of the lunge. Return to standing by pushing through your front hip. Keep chest up; don't let your back knee touch the ground. Alternate sides each rep.)
2. **Pillar Bridge with Arm Lift** (Assume pillar position with feet wider than shoulder width apart. Engage torso and alternate reaching up and out with arms; hold for 2 seconds each. Keep shoulders and hips square to deck with arm reach.)

3. **Lateral Lunge Alternating** (Step to the right with your right foot, keeping your toes forward and your feet flat. Squat through hip while keeping your opposite leg straight. Keep your back flat and your chest up. Push through your hip to return to standing and alternate sides each rep.)
4. **Forward lunge, Elbow to Instep with Rotation** (Place left hand on ground and right elbow inside of right foot. Hold for 2 seconds. Rotate your right arm and chest to the sky. Hold for 1 to 2 seconds and return. Place right hand outside foot and push hips to the sky. Keep back knee off ground and contract rear glute.)
5. **Plank Running** (Start in push up position with hands beneath shoulders, one knee toward chest, one straight. Begin to alternate leg position while keeping torso engaged and hips still. Keep your back flat throughout the entire movement.)
6. **Single Leg Balance - Alphabet** (Sit your hips down and back into a quarter squat. With floating foot spell the alphabet in small letters for the prescribed amount of time. Keep your torso and hip engaged throughout the movement. Alternate legs every 5 seconds until working time elapsed.)
7. **Split Squat - Alt. 5 Second Holds** (Take a low split position with your weight primarily supported on your front leg. Keep your torso engaged, tall posture, and don't let knee touch the deck. Alternate legs every 5 seconds until working time elapsed.)
8. **Drop Lunge - Alternating** (Reach one foot across and behind, square hips forward, and sit back and down into a squat. Maintain weight primarily on front leg, keep your chest up, torso engaged and sit hips back. You should feel a stretch in the outsides of both hips. Alternate sides each rep.)

### Cool-down Exercises and Flexibility

After you are finished with the workout, use the NOFFS recovery exercises to show additional stretches.

Have the trainees practice the cool-down exercises and stretches for 10 minutes.

Once you have answered questions, dismiss the class. Finish the sessions with: "CFLs, are you ready"? After they say "always ready," then yell: "dismissed!".

## GYM SESSION S-562-0612-5

## CIRCUIT TRAINING / GROUP PRESENTATIONS

## A. RESOURCES

None

## B. GYM SESSION

**Day 5 - Circuit Training**

The goal of this gym session is to show CFLs one of the easiest and most effective exercise programming tools to use for their command PRP. This workout will consist of exercises/techniques that they have learned throughout the week. Before starting the gym session, paraphrase the following:

Circuit training is an effective workout for CFLs to use for Command PT and FEP. This format incorporates multiple stations that are navigated sequentially and continuously for the allotted time as determined by the instructor. Stations can consist of exercises that focus on strength, cardio, balance/agility or any combination of the three. Depending on space and time limitations, circuits generally consist of 5-12 stations at 30 seconds to 2 minutes per station.

**Use the following guidelines when developing your circuit training workout:**

- Provide a 5-8 minute warm-up
- Ensure that stations are balanced by choosing exercises that focus equally on push/pull, anterior/posterior movements.
- Ensure you are not working the same muscle groups in consecutive exercises
- Provide modifications when/where needed for various fitness levels or fatigue
- Alternate emphasis between stations to allow recovery (i.e. upper body followed by lower body, strength followed by cardio)
- Provide cool-down and stretch

**Benefits of Circuit training include:**

- Easily adapted to various fitness levels
- Minimal equipment is needed
- Adapts to all spaces limitations
- Can be used for small and large class sizes
- Easily modified to meet fitness levels of individuals
- Easy to teach and FUN!!!

Start off the gym session by asking the students: “Are You Ready?” They will respond “Always Ready”. Then proceed to asking the Pre-Physical Activity Questions.

**Warm-up Exercises**

Have selected CFLs lead the warm-up prior to beginning the Gym Session using Warm-up Level 3.

**Review circuit exercises:**

Demonstrate every exercise of the planned circuit before beginning the workout. Ask CFLs if there are any questions and address any modifications that may be needed.

- Bicep Curl w/ tubing
- Mini-Cone Drill (1/ 2 court, 6 cones, 5X10 yards, sprint-shuffle-sprint-shuffle)
- Tricep Dips
- Jumping Jacks
- Bent over Row w/ tubing
- Mini-Shuttle Run (1/2 court and back repeated)
- Push-ups
- Jump Rope (with or without rope)
- Squat w/ Overhead Press
- Pillar Bridge

**Strength/Cardio Conditioning Circuit Instructions**

Participants will do a lap around the gym or field after each station before proceeding to the next station. As soon as they arrive at the next station, they will engage in an exercise activity (led by a selected CFL) until all participants have arrived at the station. The instructor will then signal to start that station's exercise event, which will last for up to one minute. Circuit can be completed twice if time allows, but ensure that CFLs have time to hydrate. Watch for signs of fatigue and remind CFLs to maintain proper form for every station.

**10 Station Circuit (1 minute each station)**

- Do lap around the gym or field after each station, before proceeding to the next station
- One CFL will lead exercise at each station until everyone arrives at the station

Ensure the CFLs designate who will lead the exercise at each station (should be a different CFL each time).

**\*USE MUSIC IF AVAILABLE\***

Ask the trainees if they have any questions about any of the exercises learned during the week.

**CFL Presentations – Part 1**

Refer to CFL Exercise Program Design Presentation Check Sheet, Exercise Presentation [for the scoring information for the presentations of the exercises](#). Each group will present/lead a part of the workout they designed, with each person leading at least one exercise in each group.

Upon the conclusion of the cool down, CFLs will break for shower, refueling, and then report to the classroom to present the remainder of their exercise program design assignment.

**CFL Presentations – Part 2**

Refer to CFL Exercise Program Design Presentation Check Sheet [for the scoring information for the presentations](#).





# PHYSICAL ACTIVITY RISK FACTOR QUESTIONNAIRE (PARFQ)

**NAVPERS 6110/3 (Rev. 11-2015) PREVIOUS EDITIONS ARE OBSOLETE** Supporting Directive OPNAVINST 6110.1J

## PRIVACY ACT STATEMENT

**AUTHORITY:** 10 U.S.C. 5013. Secretary of the Navy; OPNAVINST 6110.1J, Physical Readiness Program.

**PRIMARY PURPOSE:** The Physical Activity Risk Factor Questionnaire (PARFQ) is a self-screening tool required of all Navy members prior to participating in the semi-annual Physical Fitness Assessment (PFA). The form assists commands and medical personnel in identifying risk factors or changes in a member's health status since the completion of the annual Physical Health Assessment (PHA).

**ROUTINE USES:** Disclosures are permitted under 5 U.S.C. 552a(b), Privacy Act of 1974, as amended.

**DISCLOSURE:** Mandatory. Failure to fully disclose the requested information may inhibit the Navy's ability to properly assess your physical activity risk factors and may subject you to administrative actions.

<p>1. Do any of the following apply to you? <b>(For Females Only)</b></p> <ul style="list-style-type: none"> <li>- You are pregnant, or have reason to believe you could be pregnant.</li> <li>- You were pregnant and/or gave birth within the past 6 months.</li> <li>- You miscarried or gave birth to a live or stillborn child(ren) within the past 6 months.</li> <li>- You are currently undergoing in vitro fertilization (IVF) treatment, or have undergone IVF within the past 6 months.</li> </ul> <p>NOTE: If you answer "Yes" to any of the above you are <b>NOT authorized to participate in the Physical Fitness Assessment (PFA) this cycle</b>. Obtain a NAVMED 6000/10 from your Health Care Provider (HCP). If you answer "No", proceed to question 2.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>2. Did you fully participate in the last PFA cycle? (i.e., BCA, curl-ups, push-ups, cardio)</p> <p>NOTE: If "Yes", proceed to question 4. If "No", (i.e., medical waiver for all or part of PRT), proceed to question 3.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>3. For the same reason(s) you were medically waived in question 2 above, are you requesting a medical waiver for this PFA cycle? NOTE: If "Yes", <b>STOP</b>. Print PARFQ and schedule a medical appointment with primary HCP. If "No", (i.e., not requesting a medical waiver), proceed to question 4.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>4. Is your Periodic Health Assessment (PHA) out of date (i.e., more than one year has elapsed since your last PHA)?</p> <p>NOTE: If "Yes", <b>STOP</b>. Print this PARFQ. Schedule a medical appointment with primary HCP and take this PARFQ to the medical appointment. <b>PRT is NOT authorized until you complete the PHA</b>. If "No", proceed to question 5.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>5. Have you experienced any of the following symptoms/problems since the last PFA cycle that were NOT evaluated by a health care provider?</p> <ul style="list-style-type: none"> <li>- Unexplained chest discomfort.</li> <li>- Unusual or unexplained shortness of breath.</li> <li>- Dizziness, fainting, or blackouts associated with exertion.</li> <li>- Other medical issues (including bone and joint problems) that would keep you from safely participating in the PRT.</li> </ul> <p>NOTE: If "Yes", <b>STOP</b>. Print PARFQ. Schedule a medical appointment with primary HCP to obtain a medical evaluation prior to the PRT. Authorized Medical Department Representative (AMDR)/HCP will endorse PARFQ after a health determination is confirmed. If "No", proceed to question 6.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>6. Does either of the following apply to you?</p> <ul style="list-style-type: none"> <li>- Age 35 or older.</li> <li>- A family history of sudden death before the age of 50.</li> </ul> <p>NOTE: If "Yes", proceed to question 7. If "No", <b>STOP</b>. Print and Sign PARFQ. You may take the PRT.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>7. Have you been physically INACTIVE?</p> <p>"Inactive" means participating in less than 30 minutes of vigorous activity per session, 3 days per week over the last 3 months.</p> <p>"Vigorous activity" is defined as sweating and moderate to heavy increases in breathing and heart rate.</p> <p>NOTE: If "Yes", proceed to question 8. If "No", <b>STOP</b>. Print and Sign PARFQ. You may take the PRT.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>8. Does one (1) or more of the following apply to you?</p> <ul style="list-style-type: none"> <li>- Used any tobacco products in the last 30 days.</li> <li>- Diabetes.</li> <li>- High Blood Pressure that is not controlled.</li> <li>- Family history of heart disease at any age.</li> <li>- You are male and over 45 years of age OR you are female and over 55 years of age.</li> </ul> <p>NOTE: If "Yes", <b>STOP</b>. Save, Print, and Sign PARFQ. AMDR/HCP must review your current PHA before you may take the PRT. If "No", Print and Sign PARFQ. You may take the PRT.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No

Member Name (Last, First, MI):	PARFQ Date:	Date of Birth:	Date of Last PHA:	Member Signature (CAC Digital Signature Optional):
--------------------------------	-------------	----------------	-------------------	--

## PRT PARTICIPATION STATUS

<input type="checkbox"/> Member Cleared Waiver <b>NOT</b> Required	<input type="checkbox"/> Member Cleared Waiver Required	<input type="checkbox"/> Member <b>NOT</b> Cleared Waiver Required
HCP/AMDR Name (Print):	HCP/AMDR Signature:	Date:

**FOR OFFICIAL USE ONLY**  
**PRIVACY SENSITIVE**

# PHYSICAL FITNESS ASSESSMENT MEDICAL CLEARANCE/WAIVER

## SECTION 1

Completed by member

A. Command	B. UIC/RUIC	C. CFL/POC	D. CFL Telephone No.
E. Reason for Referral			
Positive PARFQ Screening <input type="checkbox"/> Yes <input type="checkbox"/> No	Expired PHA <input type="checkbox"/> Yes <input type="checkbox"/> No	Age >= 50 years <input type="checkbox"/> Yes <input type="checkbox"/> No	No PRT in last year <input type="checkbox"/> Yes <input type="checkbox"/> No
Injury/Illness <input type="checkbox"/> Yes <input type="checkbox"/> No			

## SECTION 2

Completed by AMDR/Treating Provider

A. PRT Waiver			
Curl-Ups <input type="checkbox"/> Yes <input type="checkbox"/> No	Push-Ups <input type="checkbox"/> Yes <input type="checkbox"/> No	Cardio Event <input type="checkbox"/> Yes <input type="checkbox"/> No	Waiver Expiration Date
B. PRT Modifications			
CLEARED TO PARTICIPATE	PRT ACTIVITY	COMMENTS	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Treadmill		
<input type="checkbox"/> Yes <input type="checkbox"/> No	Elliptical Trainer		
<input type="checkbox"/> Yes <input type="checkbox"/> No	Stationary Bike		
<input type="checkbox"/> Yes <input type="checkbox"/> No	Swim		
CLEARED TO PARTICIPATE	PHYSICAL TRAINING	COMMENTS	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Command Physical Training/Fitness Enhancement Program		
<input type="checkbox"/> Yes <input type="checkbox"/> No	Individual Physical Training		
C. AMDR/Treating Provider Name		D. AMDR/Treating Provider Signature	E. Date

## SECTION 3

Completed by Treating Physician and AMDR/AMDR Supervisor

A. BCA Waiver (Requires two signatures if granted)		
Waiver <input type="checkbox"/> Yes <input type="checkbox"/> No	AMDR/Treating Physician Signature	AMDR/AMDR Supervisor Signature
B. Reason IAW OPNAVINST 6110.1 (series) <input type="checkbox"/> Inability to obtain BCA measurement <input type="checkbox"/> Medical Treatment/Therapy		C. BCA Waiver Expiration Date

## SECTION 4

Completed by AMDR

A. Member Cleared <input type="checkbox"/> Yes <input type="checkbox"/> No	B. PRT Waiver Recommended <input type="checkbox"/> Yes <input type="checkbox"/> No	C. BCA Waiver Recommended <input type="checkbox"/> Yes <input type="checkbox"/> No	D. Is member in LIMDU <input type="checkbox"/> Yes <input type="checkbox"/> No	E. LIMDU Expiration Date
F. AMDR Name		G. AMDR Signature		H. Date

## SECTION 5

CO Endorsement Required Prior to Input into PRIMs

A. Waiver Status			
Number Waivers in last 4 years	Meets MEB Requirements <input type="checkbox"/> Yes <input type="checkbox"/> No	CFL Signature	Date
B. PRT Waiver Approved <input type="checkbox"/> Yes <input type="checkbox"/> No	C. BCA Waiver Approved <input type="checkbox"/> Yes <input type="checkbox"/> No	D. Member CO/OIC Signature	E. Date

**PATIENT'S IDENTIFICATION**  
(Use this space for mechanical imprint)

PATIENT'S NAME (Last, First, Middle Initial)		SEX
SSN / IDENTIFICATION NO.	STATUS	RANK/GRADE
RECORDS MAINTAINED AT		DATE OF BIRTH

OFFICIAL BCA SCORE SHEET  
NAVPERS 6110/10 (Rev. 02-2018)

Supporting Directive OPNAVINST 6110.1J Operating Guides

PRIVACY ACT STATEMENT

**AUTHORITY:** 10 USC 5013; OPNAVINST 6110.1 Series; E.O 9397 (SSN).

**PRINCIPAL PURPOSES:** Information is used to effectively execute all aspects of the Navy Physical Readiness Program with incorporation of physical readiness information into the Physical Readiness Information Management System (PRIMS).

**ROUTINE USES:** Information is provided to official(s) responsible for all aspects of oversight, management, and administration of the Navy Physical Readiness Program.

**DISCLOSURE:** Mandatory.

(Write Raw Score for Height & Weight)

Name (Last, First, MI)	Rank	Rate	Age	Height (Inches)	Weight (Pounds)	WCM (Inches)	% Body Fat	Member Signature for BCA Acknowledgment
------------------------	------	------	-----	-----------------	-----------------	--------------	------------	---

**NOTE: Member acknowledges BCA measurements taken during the date of the BCA. The PRT must be completed within 45 days of this BCA date**

BCA Date:	CFL Print Name:	Observer Print Name:
Command UIC:	CFL Signature:	Observer Signature:

Single Site Abdominal Circumference Measurement		Single Site Abdominal Formula	
		$(\text{Abdominal} + \text{Abdominal}) \div 2 = \text{Average Value}$	
		$(\text{ } + \text{ }) \div 2 = \text{ }$	
A minimum of 2 sets of measurements are required. Take 3rd set of measurements if first 2 measurements vary by more than 1 inch. (Write raw score)		For equation, round measurement <b>DOWN</b> to the nearest 1/2 inch, compute average of two closest measurements and record this value as the abdominal circumference. Measurements will be taken at Iliac crest.	
Neck	Abdomen	Males BCA Formula	
		$\text{Abdomen} - \text{Neck} = \text{Circumference Value}$	
		$\text{ } - \text{ } = \text{ }$	
A minimum of 2 sets of measurements are required. Take 3rd set of measurements if first 2 measurements vary by more than 1 inch. (Write raw score)		For equation, average the 2 closest neck measurements and round <b>UP</b> to the nearest 1/2 inch, average the 2 closest abdomen measurements and round <b>DOWN</b> to nearest 1/2 inch. For BCA determination using the circumference value tables, actual height is rounded <b>UP</b> to the nearest 1/2 inch.	
Neck	Waist	Hips	Females BCA Formula
			$(\text{Waist} + \text{Hips}) - \text{Neck} = \text{Circumference Value}$
			$(\text{ } + \text{ }) - \text{ } = \text{ }$
A minimum of 2 sets of measurements are required. Take 3rd set of measurements if first 2 measurements vary by more than 1 inch. (Write raw score)			For equation, average the 2 closest neck measurements and round <b>UP</b> to the nearest 1/2 inch, average the 2 closest waist and hip measurements and round <b>DOWN</b> to nearest 1/2 inch. For BCA determination using the circumference value tables, actual height is rounded <b>UP</b> to the nearest 1/2 inch.

FOR OFFICIAL USE ONLY  
PRIVACY SENSITIVE

OFFICIAL PRT SCORE SHEET  
NAVPERS 6110/11 (Rev. 02-2018)

Supporting Directive OPNAVINST 6110.1J Operating Guides

**NOTE: Only one NAVPERS 6110/11 Official PRT Score Sheet may be used per PRT test date. Multiple testing dates require a separate NAVPERS 6110/11 for each date.**

PRT Date:	CFL Print Name:	Observer Print Name:
Command UIC:	CFL Signature:	Observer Signature:

[illegible]

*Cardio Model	Run/Walk = Run	Swim (Yard/Meters) = Swim Y / M	Bike = (B / Model Name)	Med Waiver Event = W
		Example 1: Swim Y	Example 2: B / 95CiXL	

**FOR OFFICIAL USE ONLY**  
**PRIVACY SENSITIVE**

## ADMINISTRATIVE REMARKS

NAVPERS 1070/613 (REV. 08-2012) PREVIOUS EDITIONS ARE OBSOLETE

SUPPORTING DIRECTIVE MILPERSMAN 1070-320

SHIP OR STATION:

SUBJECT:

Physical Fitness Assessment Failure

☐ PERMANENT☐ TEMPORARY

AUTHORITY (IF PERMANENT):

PHYSICAL FITNESS ASSESSMENT FAILURE WITH ADVERSE ACTION  
ADMINISTRATIVE COUNSELING/WARNING

1. The following deficiencies in your performance and or conduct are identified: (check those that apply)

a. \_\_\_\_ Failure to meet body composition assessment standards.

BCA Date: \_\_\_\_\_, Height (in.): \_\_\_\_\_, Weight (lbs.): \_\_\_\_\_, AC(In /Out) \_\_\_\_\_ AC Measurement (in.) \_\_\_\_\_:  
Neck (in.): \_\_\_\_\_, Abdomen/Waist (in.): \_\_\_\_\_, Hips (in.): \_\_\_\_\_, Body Fat (%): \_\_\_\_\_

b. \_\_\_\_ Failure to meet physical readiness standards.

Date of PRT: \_\_\_\_\_ Overall Score: \_\_\_\_\_  
Core: CURL-UPS Core Score: \_\_\_\_\_ Core Category: \_\_\_\_\_  
Upper Body: PUSH-UPS U/B Score: \_\_\_\_\_ UB Category: \_\_\_\_\_  
Cardio: RUN/WALK Cardio Score: \_\_\_\_\_ Cardio Category: \_\_\_\_\_c. In the most recent PFA Cycle (1 or 2) \_\_\_\_ and in Year (20XX) \_\_\_\_ you failed to meet standards for the \_\_\_\_ 1st failure only  
or \_\_\_\_ 2nd consecutive (or greater) failure.

2. The following corrective actions are required as of this date:

a. Actively participate in a Fitness Enhancement Program (FEP) directed and monitored by your command. You shall participate until your body fat percentage is below the Navy graduated limit for your age and you achieve "satisfactory" or better on all non-waived events during the next official PRT. The Command Physical Training and FEP Guide located at <http://www.public.navy.mil/bupers-npc/support/physical/Pages/default2.aspx> provides complete details on FEP requirements and resources.b. Read the Nutrition Resource Guide located on the physical readiness web [http://www.public.navy.mil/bupers-npc/support/21st\\_Century\\_Sailor/physical/Documents/Guide%2014-%20Nutrition%20Resource%20Guide%202016.pdf](http://www.public.navy.mil/bupers-npc/support/21st_Century_Sailor/physical/Documents/Guide%2014-%20Nutrition%20Resource%20Guide%202016.pdf).

c. Participate in a minimum of 150 minutes of physical activity each week in. Each session shall include aerobic activity, muscular strength and endurance and flexibility activities. Failure to attend FEP as directed may result in disciplinary action under the UCMJ.

3. Assistance is available through your chain of command, medical department and Morale, Welfare and Recreation Fitness professionals. Your Command Fitness Leader, can assist you in obtaining guidance from each.

4. You are aware of the administrative actions of a first PFA failure. These include, but are not limited to:

a. Documentation of PFA results on your enlisted evaluation during the reporting period in which the failure(s) occurred.

ENTERED AND VERIFIED IN ELECTRONIC SERVICE RECORD:

VERIFYING OFFICIAL RANK OR GRADE/TITLE:

DATE:

SIGNATURE OF VERIFYING OFFICIAL:

NAME (LAST, FIRST, MIDDLE):

SOCIAL SECURITY NUMBER:

BRANCH AND CLASS:

FOR OFFICIAL USE ONLY  
PRIVACY SENSITIVE

## ADMINISTRATIVE REMARKS

NAVPERS 1070/613 (REV. 08-2012) PREVIOUS EDITIONS ARE OBSOLETE

SUPPORTING DIRECTIVE MILPERSMAN 1070-320

SHIP OR STATION:

SUBJECT:

Physical Fitness Assessment Failure

☐ PERMANENT☐ TEMPORARY

AUTHORITY (IF PERMANENT):

b. Ineligibility for promotion, advancement, or frocking until within standards and if not within standards by the promotion cycle limiting date, the advancement recommendation will be withdrawn. You may participate in a monthly mock PFA to regain eligibility.

d. Other actions as deemed appropriate by your chain of command.

5. You are aware of the administrative actions for two or more consecutive failures. These include, but are not limited to, those above and:

a. Mark of 1.0 in "Military Bearing" for the reporting period in which the failure occurred.

b. Marks for promotability and retention shall be "Significant Problems" and "Retention Not Recommended", respectively.

c. Ineligibility for advancement, reenlistment, and extension. You may regain eligibility for advancement and reenlistment by passing one subsequent official PFA.

d. Continue Naval Service until Soft End of Active Obligated Service (SEAOS).

6. This counseling/warning entry is made to afford you an opportunity to undertake the recommended corrective actions. As stated above, your failure to meet Physical Readiness Program standards may result in adverse administrative actions.

7. This counseling/warning entry is based upon known failures in your compliance with the Physical Readiness Program.

8. No additional written notifications need be issued to execute the administrative actions specified in this document.

\_\_\_\_\_  
Commanding Officer

\_\_\_\_ I acknowledge the above counseling/warning and understand its contents.

\_\_\_\_ I have been informed of my right to submit a statement in response to this counseling/warning (initial one below).

\_\_\_\_ I intend to submit a statement. I will submit my statement within 10 days of this date.

\_\_\_\_ I do not intend to submit a statement.

\_\_\_\_\_  
Member's Signature Date/Signed

\_\_\_\_\_  
Witness' Signature Date/Signed

ENTERED AND VERIFIED IN ELECTRONIC SERVICE RECORD:

VERIFYING OFFICIAL RANK OR GRADE/TITLE:

DATE:

SIGNATURE OF VERIFYING OFFICIAL:

NAME (LAST, FIRST, MIDDLE):

SOCIAL SECURITY NUMBER:

BRANCH AND CLASS:

FOR OFFICIAL USE ONLY  
PRIVACY SENSITIVE

## LETTER OF NOTIFICATION

*Print on command letterhead.*

Code/Ser No.  
Date

From: Commanding Officer, \_\_\_\_\_  
(Command Title/Name)

To: \_\_\_\_\_  
(Rank, Last Name, First, MI.)

Subj: NOTIFICATION OF PHYSICAL FITNESS ASSESSMENT (PFA) FAILURE

Ref: (a) OPNAVINST 6110.1J

1. The following deficiencies in your performance and or conduct are identified:

a. \_\_\_\_ Failure to meet body composition assessment standards:

BCA Date: \_\_\_\_, Height (in): \_\_\_\_, Weight (lbs): \_\_\_\_, AC Measurement (in): \_\_\_\_,  
Neck (in): \_\_\_\_, Abdomen/Waist (in): \_\_\_\_, Hips (in): \_\_\_\_, Body Fat (%): \_\_\_\_

b. \_\_\_\_ Failure to meet physical readiness standards:

Date of PRT: \_\_\_\_

Overall Score: \_\_\_\_

Core: CURL-UPS

Core Score: \_\_\_\_

Core Category: \_\_\_\_

Upper Body: PUSH-UPS

U/ B Score: \_\_\_\_

U/B Category: \_\_\_\_

Cardio: RUN/WALK

Cardio Score: \_\_\_\_

Cardio Category: \_\_\_\_

c. In the most recent PFA Cycle (1 or 2) \_\_\_\_ and in Year (20XX) \_\_\_\_ you failed to meet standards for the \_\_\_\_ 1st failure only or \_\_\_\_ 2nd consecutive (or greater) failure.

2. The following corrective actions are required as of this date:

a. Actively participate in a Fitness Enhancement Program (FEP) directed and monitored by your command. You shall participate until your body fat percentage is below the Navy graduated limit and you achieve "satisfactory" or better on all non-waived events. The Command Physical Training and Fitness Enhancement Guide located at <http://www.public.navy.mil/bupers-npc/support/physical/Pages/default2.aspx> provides complete details on FEP requirements and resources.

b. Read the Nutrition Resource Guide located at <http://www.public.navy.mil/bupers-npc/support/physical/Pages/default2.aspx> and return last page to Command Fitness Leader within 14 days of this date acknowledging receipt and selected nutrition option.

c. Participate in a minimum of 150 minutes of physical activity each week. Each session shall include aerobic activity, muscular strength and endurance and flexibility activities. Failure to attend FEP as directed may result in disciplinary action under the UCMJ.

3. You are aware of the administrative actions of a first PFA failure. These include, but are not limited to:

a. Documentation of your PFA result(s) on your Fitness Report for the reporting period in which the failure(s) occurred.

Subj: NOTIFICATION OF PHYSICAL FITNESS ASSESSMENT (PFA) FAILURE

- b. Ineligible for promotion until within standards. Failure to regain eligibility by the promotion cycle limiting date will result in withdrawal of your advancement in accordance with ref (a).
  - c. Ineligible to transfer to any special duty or school if you do not meet physical readiness standards for that duty or school.
  - d. Other actions as deemed appropriate by your chain of command.
4. You are aware of the administrative actions for two or more consecutive PFA failures. These include, but are not limited to, those above and:
- a. Mandatory processing for Administrative Separation.
  - b. An adverse FITREP mark under Promotion Recommendation shall be "Significant Problems".
5. This counseling/warning entry is based on known PFA failures and is issued to afford you an opportunity to undertake the recommended corrective actions. As stated above, your failure to meet PFA standards may result in adverse administrative actions.
6. This notification will be forwarded to Navy Personnel Command for entry into your permanent service record. No additional written notification need be issued to execute the administrative actions specified in this document.

\_\_\_\_\_  
Commanding Officer's Signature

\_\_\_\_\_  
(Date)

-----  
From: \_\_\_\_\_  
( Member's Last Name, First, MI)

To: Commanding Officer, \_\_\_\_\_  
(Command Title/Name)

I acknowledge receipt of the above letter and understand its contents.

\_\_\_\_\_  
Member's Signature, USN/R

\_\_\_\_\_  
(Date)

Copy to:

NPC (PERS-313) Officer Record

NPC (PERS-833) (Note: only for first PFA failure)

NPC (PERS-834) (Note: only for two or more consecutive PFA failures)



This is the format to have the CFL access transferred. It must be on command letterhead and signed by the CO. **The certificate of completion for the 5-day CFL certification course** must be enclosed or the date scheduled for training annotated. It can be e-mailed to [prims@navy.mil](mailto:prims@navy.mil).

6100  
Date

From: Command Name  
To: Director, Physical Readiness and Community Support (N170)  
Subj: CFL DESIGNATION TRANSFER LETTER  
Encl: **(1) 5-Day CFL Certification Course Completion Certificate**

1. The following service member is designated as this command's Command Fitness Leader (CFL) as of date. Please transfer the access from \_\_\_\_\_, last four of SSN, who has the current CFL access in PRIMS, to \_\_\_\_\_, as designated below.

**COMMAND INFORMATION:**

COMMAND NAME:  
UIC:  
ADDRESS:  
PHONE NUMBERS (Commercial and DSN):

**CFL INFORMATION:**

NAME:  
SSN (last 4):  
PRD:  
RANK/RATE:  
E-MAIL ADDRESS:  
PHONE NUMBERS (Commercial and DSN):  
UICs RESPONSIBLE FOR:

2. If there are any questions, please contact \_\_\_\_\_.

COMMANDING OFFICER

(Sample letter of correction below. This request must be on command letterhead with the CO's signature. This LOC must include supporting documentation (Examples of supporting documents to accompany the LOC: SF600, confirmation of pregnancy, BCA and PRT original score sheets/rosters, PCS/IA/TAD orders, Bad day request chit.). This request should be originated from the command responsible for the PFA record at the time of the PFA.

Scan and E-mail LOC and supporting documentation to [prims@navy.mil](mailto:prims@navy.mil).

6110  
Ser  
Date

From: Commander, \_\_\_\_\_

To: Director, Physical Readiness and Community Support (N170B)

SUBJ: LETTER OF CORRECTION REQUEST TO PHYSICAL READINESS  
INFORMATION MANAGEMENT SYSTEM (PRIMS) RECORD

1. Respectfully request PRIMS record correction as follows:

Member's Name:

SSN:

UIC on PFA record:

UIC requesting correction: (if different from above, also provide reason)

PRT Cycle:

Correction: (if data needs to be input, please provide dates)

Reason for correction:

2. POC for this request is: (name, phone number(s), e-mail address).

CO

(Sample Letter for Page 13 Removal. Place on Command Letterhead and Signed by the CO or "By direction")

\*\*\*\* Submit only the cover letter; do not send copies of page 13's, PRIMS printout, or any other material. \*\*\*\*

Important Note: Page 13's that have **not** been verified can be removed by the servicing PSD.

1070  
Ser  
Date

From: Commander, \_\_\_\_\_  
To: Commander, Navy Personnel Command, PERS-313

Subj: REQUEST REMOVAL OF ERRONEOUS ADMINISTRATIVE REMARKS  
(NAVPERS 1070/613)

1. Request removal of erroneous permanent page 13 regarding a failed Physical Fitness Assessment (PFA) from the following Electronic Service Record (ESR):

- Member's Full Name: < Last, First Middle >
- Member's **Full** SSN: < Must Have Full SSN to Search & Review Record >
- Command UIC:
- PFA Cycle: < PRT Cycle & Year Involved >
- Verify Date: < Date ESR Entry Was Verified; Note "**Important Note**" above >

2. Incorrect data was entered into Physical Readiness Information Management Systems (PRIMS) which generated an erroneous page 13 for this cycle. Member's passed PFA is reflected in PRIMS.

3. POC for this command is: (name, email address).

CO or  
By direction

