

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

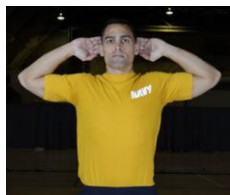
<p>This stretch may cause an individual to get dizzy (extreme hyperextension)</p>	<p>Deep squats put too much pressure on the knees</p>	<p>Leaning too far forward places excessive pressure on the lower back.</p>
<p>This stretch puts too much stress on the knees and ligaments</p>	<p>Avoid the knee extending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

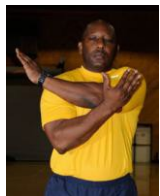
In order to perform an effective exercise routine, time management, and exercise selection will play a major role in your success. Several of these exercises involve stretching multiple muscle groups at one time so you can complete a total body flexibility program within 5 to 10 minutes. Also, the exercises 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).

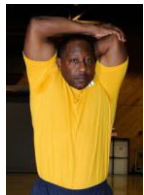
Stretch #1: Chest Stretch

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.

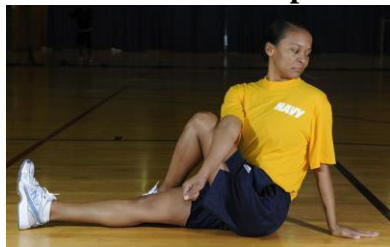
Tip: Since you use this muscle group during the Navy Curl-Up, this stretch should be performed after the curl-up event to prevent cramping and prepare this muscle group for the cardio event.

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 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).

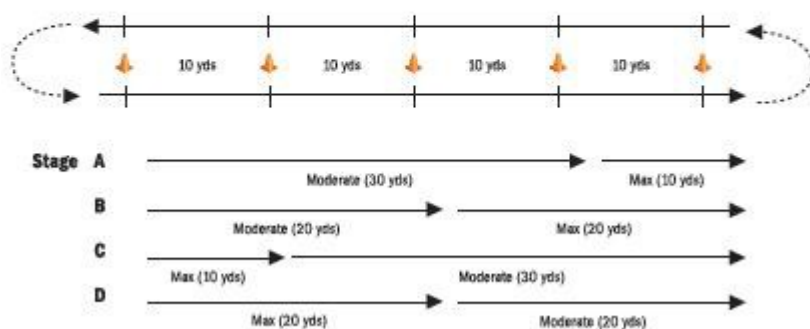
Break the group into 10-15 person teams. This is a great opportunity to divide the group into ability groups according to the PRT run times you observed on Monday. Ask the members of an assigned group to begin running around the gym, track, or outdoor field in a slow comfortable jog in a single file 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.

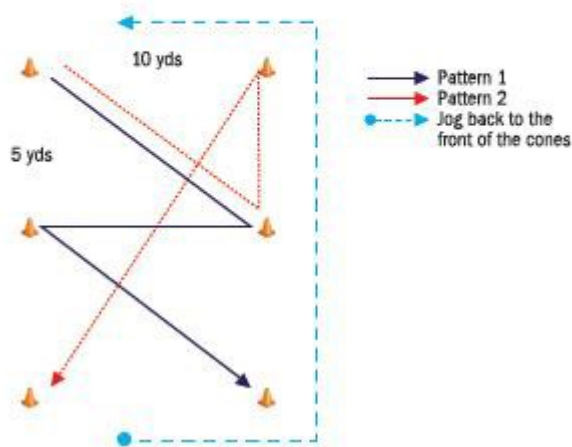
Stage:	Pattern	Work	Rest	Short	Medium	Long
A	1	1:00	2:00	x2	x4	x5
B	1	2:00	1:00	x3	x5	x7
C	Alt. 1 & 2	1:00	2:00	x2	x4	x5
D	Alt. 1 & 2	2:00	1:00	x3	x5	x7

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](#).

**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 (Check One)
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 (Check One) (if YES , 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 (Check One)
b. Do you feel pain in your chest when you do physical activity?	<input type="checkbox"/> YES <input type="checkbox"/> NO (Check One)
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 (Check One)
5. Do you lose your balance because of dizziness or do you ever lose consciousness?	<input type="checkbox"/> YES <input type="checkbox"/> NO (Check One)
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 (Check One)
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 (Check One)
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 (Check One)
9. Do you have any other reason why you should not do physical activity?	<input type="checkbox"/> YES <input type="checkbox"/> NO (Check One)
10. Have you been diagnosed with sickle cell traits?	<input type="checkbox"/> YES <input type="checkbox"/> NO (Check One)
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 (Check One)
12. Do you have asthma or bronchitis?	<input type="checkbox"/> YES <input type="checkbox"/> NO (Check One)
13. Do you think you might be pregnant?	<input type="checkbox"/> YES <input type="checkbox"/> NO (Check One)
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: SINGLE-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) _____

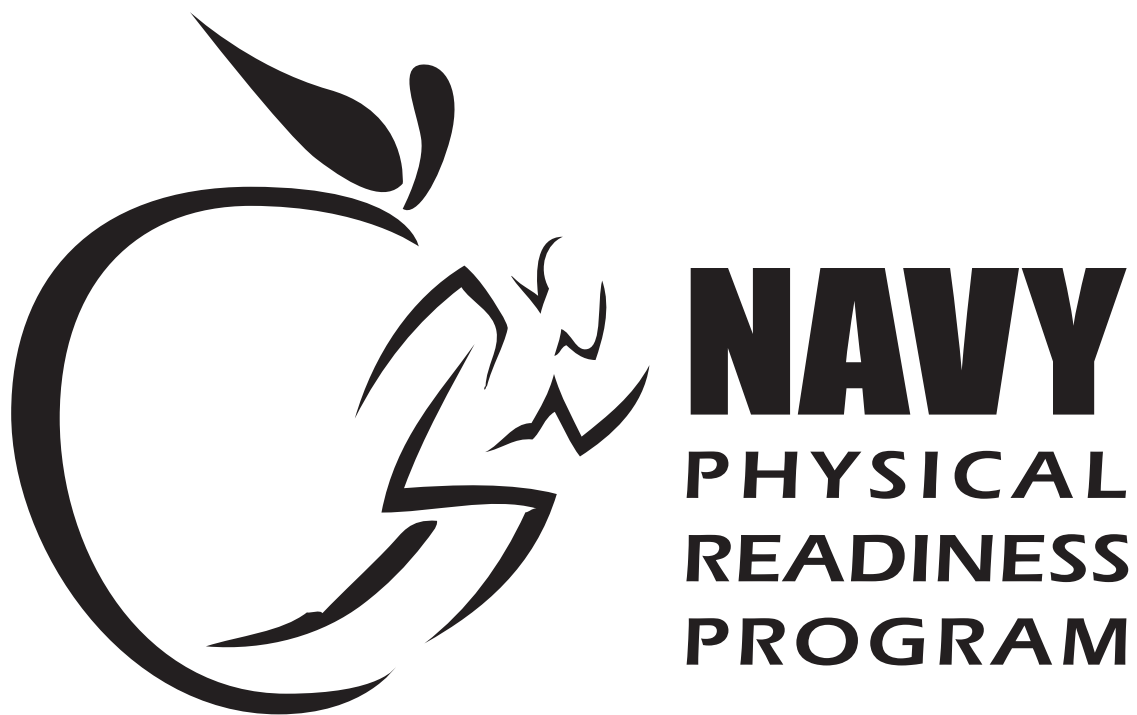
7. _____

(Average) _____

8. _____

(Average) _____

Command Fitness Leader



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

Medical Review

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

Notes:

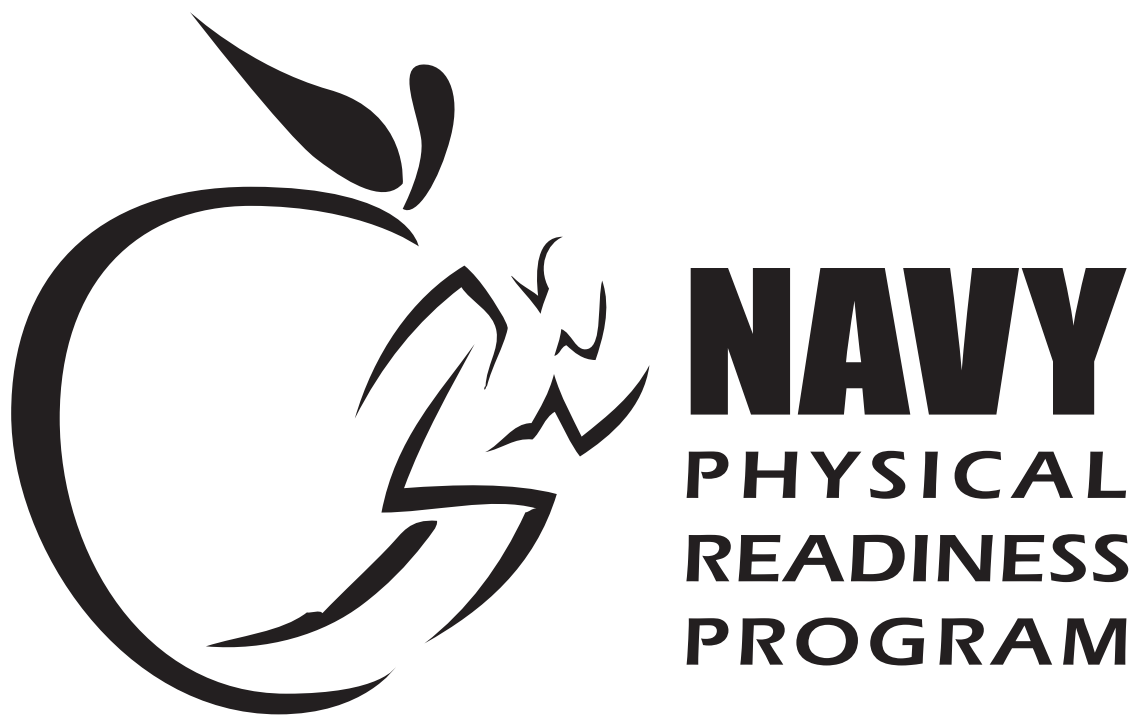
CFL – Team:**Tracking Sheet****BCA Review**

Last Name	First Name	Height & Weight OK?	A/C Measurement OK?	Body Fat %?	BCA Pass?
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

Last Name	First Name	PRT Score?	PFA Pass?	Admin Actions?
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



**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? (For Females Only)</p> <ul style="list-style-type: none"> - You are pregnant, or have reason to believe you could be pregnant. - You were pregnant and/or gave birth within the past 6 months. - You miscarried or gave birth to a live or stillborn child(ren) within the past 6 months. - You are currently undergoing in vitro fertilization (IVF) treatment, or have undergone IVF within the past 6 months. <p>NOTE: If you answer "Yes" to any of the above you are NOT authorized to participate in the Physical Fitness Assessment (PFA) this cycle. 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", STOP. 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", STOP. Print this PARFQ. Schedule a medical appointment with primary HCP and take this PARFQ to the medical appointment. PRT is NOT authorized until you complete the PHA. 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"> - Unexplained chest discomfort. - Unusual or unexplained shortness of breath. - Dizziness, fainting, or blackouts associated with exertion. - Other medical issues (including bone and joint problems) that would keep you from safely participating in the PRT. <p>NOTE: If "Yes", STOP. 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"> - Age 35 or older. - A family history of sudden death before the age of 50. <p>NOTE: If "Yes", proceed to question 7. If "No", STOP. 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", STOP. 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"> - Used any tobacco products in the last 30 days. - Diabetes. - High Blood Pressure that is not controlled. - Family history of heart disease at any age. - You are male and over 45 years of age OR you are female and over 55 years of age. <p>NOTE: If "Yes", STOP. 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):
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PRT PARTICIPATION STATUS

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

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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).

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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? (For Females Only)</p> <ul style="list-style-type: none"> - You are pregnant, or have reason to believe you could be pregnant. - You were pregnant and/or gave birth within the past 6 months. - You miscarried or gave birth to a live or stillborn child(ren) within the past 6 months. - You are currently undergoing in vitro fertilization (IVF) treatment, or have undergone IVF within the past 6 months. <p>NOTE: If you answer "Yes" to any of the above you are NOT authorized to participate in the Physical Fitness Assessment (PFA) this cycle. 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", STOP. 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", STOP. Print this PARFQ. Schedule a medical appointment with primary HCP and take this PARFQ to the medical appointment. PRT is NOT authorized until you complete the PHA. 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"> - Unexplained chest discomfort. - Unusual or unexplained shortness of breath. - Dizziness, fainting, or blackouts associated with exertion. - Other medical issues (including bone and joint problems) that would keep you from safely participating in the PRT. <p>NOTE: If "Yes", STOP. 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"> - Age 35 or older. - A family history of sudden death before the age of 50. <p>NOTE: If "Yes", proceed to question 7. If "No", STOP. 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", STOP. 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"> - Used any tobacco products in the last 30 days. - Diabetes. - High Blood Pressure that is not controlled. - Family history of heart disease at any age. - You are male and over 45 years of age OR you are female and over 55 years of age. <p>NOTE: If "Yes", STOP. 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 NOT Required	<input type="checkbox"/> Member Cleared Waiver Required	<input type="checkbox"/> Member NOT Cleared Waiver Required
HCP/AMDR Name (Print):	HCP/AMDR Signature:	Date:

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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).

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<p>1. Do any of the following apply to you? (For Females Only)</p> <ul style="list-style-type: none"> - You are pregnant, or have reason to believe you could be pregnant. - You were pregnant and/or gave birth within the past 6 months. - You miscarried or gave birth to a live or stillborn child(ren) within the past 6 months. - You are currently undergoing in vitro fertilization (IVF) treatment, or have undergone IVF within the past 6 months. <p>NOTE: If you answer "Yes" to any of the above you are NOT authorized to participate in the Physical Fitness Assessment (PFA) this cycle. 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", STOP. 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", STOP. Print this PARFQ. Schedule a medical appointment with primary HCP and take this PARFQ to the medical appointment. PRT is NOT authorized until you complete the PHA. If "No", proceed to question 5.</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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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 NOT Required	<input type="checkbox"/> Member Cleared Waiver Required	<input type="checkbox"/> Member NOT Cleared Waiver Required
HCP/AMDR Name (Print):	HCP/AMDR Signature:	Date:

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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).

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<p>1. Do any of the following apply to you? (For Females Only)</p> <ul style="list-style-type: none"> - You are pregnant, or have reason to believe you could be pregnant. - You were pregnant and/or gave birth within the past 6 months. - You miscarried or gave birth to a live or stillborn child(ren) within the past 6 months. - You are currently undergoing in vitro fertilization (IVF) treatment, or have undergone IVF within the past 6 months. <p>NOTE: If you answer "Yes" to any of the above you are NOT authorized to participate in the Physical Fitness Assessment (PFA) this cycle. 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", STOP. 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", STOP. Print this PARFQ. Schedule a medical appointment with primary HCP and take this PARFQ to the medical appointment. PRT is NOT authorized until you complete the PHA. 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"> - Unexplained chest discomfort. - Unusual or unexplained shortness of breath. - Dizziness, fainting, or blackouts associated with exertion. - Other medical issues (including bone and joint problems) that would keep you from safely participating in the PRT. <p>NOTE: If "Yes", STOP. 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"> - Age 35 or older. - A family history of sudden death before the age of 50. <p>NOTE: If "Yes", proceed to question 7. If "No", STOP. 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", STOP. 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"> - Used any tobacco products in the last 30 days. - Diabetes. - High Blood Pressure that is not controlled. - Family history of heart disease at any age. - You are male and over 45 years of age OR you are female and over 55 years of age. <p>NOTE: If "Yes", STOP. 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):
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PRT PARTICIPATION STATUS

<input type="checkbox"/> Member Cleared Waiver NOT Required	<input type="checkbox"/> Member Cleared Waiver Required	<input type="checkbox"/> 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? (For Females Only)</p> <ul style="list-style-type: none"> - You are pregnant, or have reason to believe you could be pregnant. - You were pregnant and/or gave birth within the past 6 months. - You miscarried or gave birth to a live or stillborn child(ren) within the past 6 months. - You are currently undergoing in vitro fertilization (IVF) treatment, or have undergone IVF within the past 6 months. <p>NOTE: If you answer "Yes" to any of the above you are NOT authorized to participate in the Physical Fitness Assessment (PFA) this cycle. 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", STOP. 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", STOP. Print this PARFQ. Schedule a medical appointment with primary HCP and take this PARFQ to the medical appointment. PRT is NOT authorized until you complete the PHA. 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"> - Unexplained chest discomfort. - Unusual or unexplained shortness of breath. - Dizziness, fainting, or blackouts associated with exertion. - Other medical issues (including bone and joint problems) that would keep you from safely participating in the PRT. <p>NOTE: If "Yes", STOP. 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"> - Age 35 or older. - A family history of sudden death before the age of 50. <p>NOTE: If "Yes", proceed to question 7. If "No", STOP. 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", STOP. 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"> - Used any tobacco products in the last 30 days. - Diabetes. - High Blood Pressure that is not controlled. - Family history of heart disease at any age. - You are male and over 45 years of age OR you are female and over 55 years of age. <p>NOTE: If "Yes", STOP. 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):
Lee Edward	Aug 15, 2016	Jun 1, 1970	Jun 15, 2016	

PRT PARTICIPATION STATUS

<input type="checkbox"/> Member Cleared Waiver NOT Required	<input type="checkbox"/> Member Cleared Waiver Required	<input type="checkbox"/> 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? (For Females Only)</p> <ul style="list-style-type: none"> - You are pregnant, or have reason to believe you could be pregnant. - You were pregnant and/or gave birth within the past 6 months. - You miscarried or gave birth to a live or stillborn child(ren) within the past 6 months. - You are currently undergoing in vitro fertilization (IVF) treatment, or have undergone IVF within the past 6 months. <p>NOTE: If you answer "Yes" to any of the above you are NOT authorized to participate in the Physical Fitness Assessment (PFA) this cycle. 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", STOP. 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", STOP. Print this PARFQ. Schedule a medical appointment with primary HCP and take this PARFQ to the medical appointment. PRT is NOT authorized until you complete the PHA. 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"> - Unexplained chest discomfort. - Unusual or unexplained shortness of breath. - Dizziness, fainting, or blackouts associated with exertion. - Other medical issues (including bone and joint problems) that would keep you from safely participating in the PRT. <p>NOTE: If "Yes", STOP. 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"> - Age 35 or older. - A family history of sudden death before the age of 50. <p>NOTE: If "Yes", proceed to question 7. If "No", STOP. 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", STOP. 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"> - Used any tobacco products in the last 30 days. - Diabetes. - High Blood Pressure that is not controlled. - Family history of heart disease at any age. - You are male and over 45 years of age OR you are female and over 55 years of age. <p>NOTE: If "Yes", STOP. 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

☐ Member Cleared
Waiver **NOT** Required

☐ Member Cleared
Waiver Required

☐ Member **NOT** Cleared
Waiver Required

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

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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? (For Females Only)</p> <ul style="list-style-type: none"> - You are pregnant, or have reason to believe you could be pregnant. - You were pregnant and/or gave birth within the past 6 months. - You miscarried or gave birth to a live or stillborn child(ren) within the past 6 months. - You are currently undergoing in vitro fertilization (IVF) treatment, or have undergone IVF within the past 6 months. <p>NOTE: If you answer "Yes" to any of the above you are NOT authorized to participate in the Physical Fitness Assessment (PFA) this cycle. 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", STOP. 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", STOP. Print this PARFQ. Schedule a medical appointment with primary HCP and take this PARFQ to the medical appointment. PRT is NOT authorized until you complete the PHA. 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"> - Unexplained chest discomfort. - Unusual or unexplained shortness of breath. - Dizziness, fainting, or blackouts associated with exertion. - Other medical issues (including bone and joint problems) that would keep you from safely participating in the PRT. <p>NOTE: If "Yes", STOP. 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"> - Age 35 or older. - A family history of sudden death before the age of 50. <p>NOTE: If "Yes", proceed to question 7. If "No", STOP. 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", STOP. 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"> - Used any tobacco products in the last 30 days. - Diabetes. - High Blood Pressure that is not controlled. - Family history of heart disease at any age. - You are male and over 45 years of age OR you are female and over 55 years of age. <p>NOTE: If "Yes", STOP. 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:

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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? (For Females Only)</p> <ul style="list-style-type: none"> - You are pregnant, or have reason to believe you could be pregnant. - You were pregnant and/or gave birth within the past 6 months. - You miscarried or gave birth to a live or stillborn child(ren) within the past 6 months. - You are currently undergoing in vitro fertilization (IVF) treatment, or have undergone IVF within the past 6 months. <p>NOTE: If you answer "Yes" to any of the above you are NOT authorized to participate in the Physical Fitness Assessment (PFA) this cycle. 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", STOP. 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", STOP. Print this PARFQ. Schedule a medical appointment with primary HCP and take this PARFQ to the medical appointment. PRT is NOT authorized until you complete the PHA. 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"> - Unexplained chest discomfort. - Unusual or unexplained shortness of breath. - Dizziness, fainting, or blackouts associated with exertion. - Other medical issues (including bone and joint problems) that would keep you from safely participating in the PRT. <p>NOTE: If "Yes", STOP. 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"> - Age 35 or older. - A family history of sudden death before the age of 50. <p>NOTE: If "Yes", proceed to question 7. If "No", STOP. 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", STOP. 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"> - Used any tobacco products in the last 30 days. - Diabetes. - High Blood Pressure that is not controlled. - Family history of heart disease at any age. - You are male and over 45 years of age OR you are female and over 55 years of age. <p>NOTE: If "Yes", STOP. 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 NOT Required	<input type="checkbox"/> Member Cleared Waiver Required	<input type="checkbox"/> 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? (For Females Only)</p> <ul style="list-style-type: none"> - You are pregnant, or have reason to believe you could be pregnant. - You were pregnant and/or gave birth within the past 6 months. - You miscarried or gave birth to a live or stillborn child(ren) within the past 6 months. - You are currently undergoing in vitro fertilization (IVF) treatment, or have undergone IVF within the past 6 months. <p>NOTE: If you answer "Yes" to any of the above you are NOT authorized to participate in the Physical Fitness Assessment (PFA) this cycle. 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", STOP. 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", STOP. Print this PARFQ. Schedule a medical appointment with primary HCP and take this PARFQ to the medical appointment. PRT is NOT authorized until you complete the PHA. 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"> - Unexplained chest discomfort. - Unusual or unexplained shortness of breath. - Dizziness, fainting, or blackouts associated with exertion. - Other medical issues (including bone and joint problems) that would keep you from safely participating in the PRT. <p>NOTE: If "Yes", STOP. 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"> - Age 35 or older. - A family history of sudden death before the age of 50. <p>NOTE: If "Yes", proceed to question 7. If "No", STOP. 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", STOP. 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"> - Used any tobacco products in the last 30 days. - Diabetes. - High Blood Pressure that is not controlled. - Family history of heart disease at any age. - You are male and over 45 years of age OR you are female and over 55 years of age. <p>NOTE: If "Yes", STOP. 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):
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PRT PARTICIPATION STATUS

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

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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? (For Females Only)</p> <ul style="list-style-type: none"> - You are pregnant, or have reason to believe you could be pregnant. - You were pregnant and/or gave birth within the past 6 months. - You miscarried or gave birth to a live or stillborn child(ren) within the past 6 months. - You are currently undergoing in vitro fertilization (IVF) treatment, or have undergone IVF within the past 6 months. <p>NOTE: If you answer "Yes" to any of the above you are NOT authorized to participate in the Physical Fitness Assessment (PFA) this cycle. 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", STOP. 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", STOP. Print this PARFQ. Schedule a medical appointment with primary HCP and take this PARFQ to the medical appointment. PRT is NOT authorized until you complete the PHA. 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"> - Unexplained chest discomfort. - Unusual or unexplained shortness of breath. - Dizziness, fainting, or blackouts associated with exertion. - Other medical issues (including bone and joint problems) that would keep you from safely participating in the PRT. <p>NOTE: If "Yes", STOP. 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"> - Age 35 or older. - A family history of sudden death before the age of 50. <p>NOTE: If "Yes", proceed to question 7. If "No", STOP. 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", STOP. 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"> - Used any tobacco products in the last 30 days. - Diabetes. - High Blood Pressure that is not controlled. - Family history of heart disease at any age. - You are male and over 45 years of age OR you are female and over 55 years of age. <p>NOTE: If "Yes", STOP. 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 NOT Required	<input type="checkbox"/> Member Cleared Waiver Required	<input type="checkbox"/> 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? (For Females Only)</p> <ul style="list-style-type: none"> - You are pregnant, or have reason to believe you could be pregnant. - You were pregnant and/or gave birth within the past 6 months. - You miscarried or gave birth to a live or stillborn child(ren) within the past 6 months. - You are currently undergoing in vitro fertilization (IVF) treatment, or have undergone IVF within the past 6 months. <p>NOTE: If you answer "Yes" to any of the above you are NOT authorized to participate in the Physical Fitness Assessment (PFA) this cycle. 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", STOP. 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", STOP. Print this PARFQ. Schedule a medical appointment with primary HCP and take this PARFQ to the medical appointment. PRT is NOT authorized until you complete the PHA. 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"> - Unexplained chest discomfort. - Unusual or unexplained shortness of breath. - Dizziness, fainting, or blackouts associated with exertion. - Other medical issues (including bone and joint problems) that would keep you from safely participating in the PRT. <p>NOTE: If "Yes", STOP. 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"> - Age 35 or older. - A family history of sudden death before the age of 50. <p>NOTE: If "Yes", proceed to question 7. If "No", STOP. 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", STOP. 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"> - Used any tobacco products in the last 30 days. - Diabetes. - High Blood Pressure that is not controlled. - Family history of heart disease at any age. - You are male and over 45 years of age OR you are female and over 55 years of age. <p>NOTE: If "Yes", STOP. 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

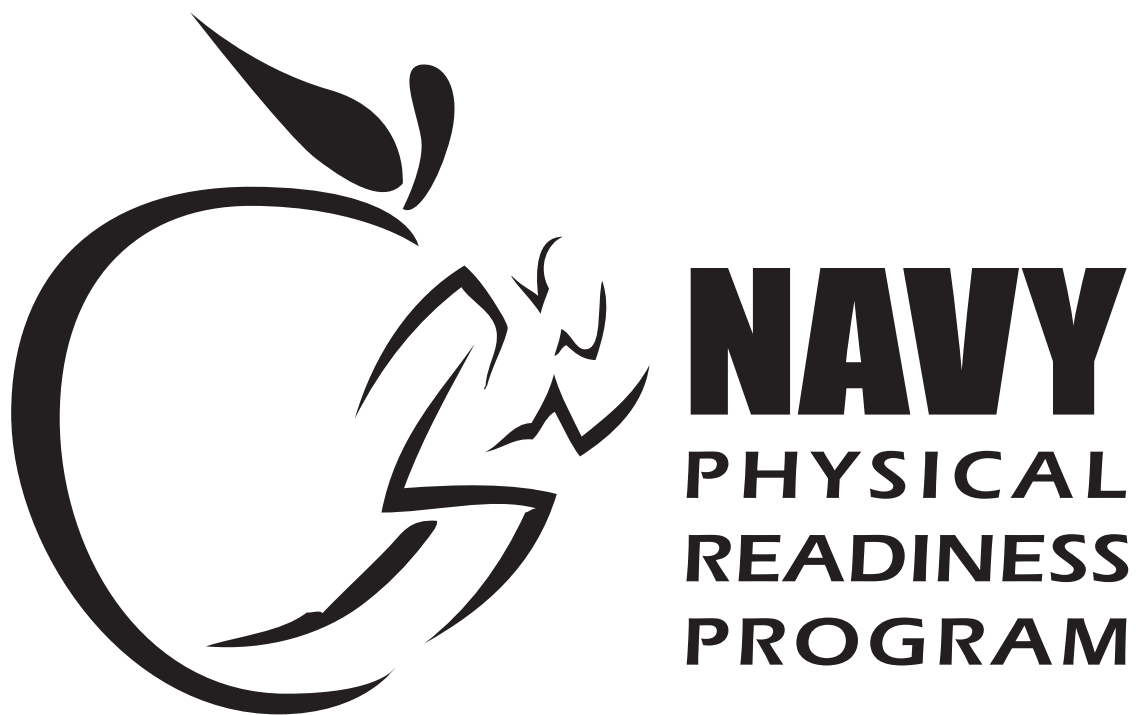
Member Name (Last, First, MI):	PARFQ Date:	Date of Birth:	Date of Last PHA:	Member Signature (CAC Digital Signature Optional):
Walker, Brian,	Aug 17, 2016	Jun 1, 1995	Jul 12, 2016	

PRT PARTICIPATION STATUS

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

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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? (For Females Only)</p> <ul style="list-style-type: none"> - You are pregnant, or have reason to believe you could be pregnant. - You were pregnant and/or gave birth within the past 6 months. - You miscarried or gave birth to a live or stillborn child(ren) within the past 6 months. - You are currently undergoing in vitro fertilization (IVF) treatment, or have undergone IVF within the past 6 months. <p>NOTE: If you answer "Yes" to any of the above you are NOT authorized to participate in the Physical Fitness Assessment (PFA) this cycle. 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", STOP. 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", STOP. Print this PARFQ. Schedule a medical appointment with primary HCP and take this PARFQ to the medical appointment. PRT is NOT authorized until you complete the PHA. 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"> - Unexplained chest discomfort. - Unusual or unexplained shortness of breath. - Dizziness, fainting, or blackouts associated with exertion. - Other medical issues (including bone and joint problems) that would keep you from safely participating in the PRT. <p>NOTE: If "Yes", STOP. 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"> - Age 35 or older. - A family history of sudden death before the age of 50. <p>NOTE: If "Yes", proceed to question 7. If "No", STOP. 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", STOP. 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"> - Used any tobacco products in the last 30 days. - Diabetes. - High Blood Pressure that is not controlled. - Family history of heart disease at any age. - You are male and over 45 years of age OR you are female and over 55 years of age. <p>NOTE: If "Yes", STOP. 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

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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? (For Females Only)</p> <ul style="list-style-type: none"> - You are pregnant, or have reason to believe you could be pregnant. - You were pregnant and/or gave birth within the past 6 months. - You miscarried or gave birth to a live or stillborn child(ren) within the past 6 months. - You are currently undergoing in vitro fertilization (IVF) treatment, or have undergone IVF within the past 6 months. <p>NOTE: If you answer "Yes" to any of the above you are NOT authorized to participate in the Physical Fitness Assessment (PFA) this cycle. 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", STOP. 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", STOP. Print this PARFQ. Schedule a medical appointment with primary HCP and take this PARFQ to the medical appointment. PRT is NOT authorized until you complete the PHA. 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"> - Unexplained chest discomfort. - Unusual or unexplained shortness of breath. - Dizziness, fainting, or blackouts associated with exertion. - Other medical issues (including bone and joint problems) that would keep you from safely participating in the PRT. <p>NOTE: If "Yes", STOP. 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"> - Age 35 or older. - A family history of sudden death before the age of 50. <p>NOTE: If "Yes", proceed to question 7. If "No", STOP. 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", STOP. 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"> - Used any tobacco products in the last 30 days. - Diabetes. - High Blood Pressure that is not controlled. - Family history of heart disease at any age. - You are male and over 45 years of age OR you are female and over 55 years of age. <p>NOTE: If "Yes", STOP. 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 NOT Required			<input type="checkbox"/> Member Cleared Waiver Required			<input checked="" type="checkbox"/> Member NOT Cleared Waiver Required			
HCP/AMDR Name (Print):				HCP/AMDR Signature:				Date:	
C. Davis, MD, LCDR, USN								Sep 1, 2016	

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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? (For Females Only)</p> <ul style="list-style-type: none"> - You are pregnant, or have reason to believe you could be pregnant. - You were pregnant and/or gave birth within the past 6 months. - You miscarried or gave birth to a live or stillborn child(ren) within the past 6 months. - You are currently undergoing in vitro fertilization (IVF) treatment, or have undergone IVF within the past 6 months. <p>NOTE: If you answer "Yes" to any of the above you are NOT authorized to participate in the Physical Fitness Assessment (PFA) this cycle. 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", STOP. 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", STOP. Print this PARFQ. Schedule a medical appointment with primary HCP and take this PARFQ to the medical appointment. PRT is NOT authorized until you complete the PHA. 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"> - Unexplained chest discomfort. - Unusual or unexplained shortness of breath. - Dizziness, fainting, or blackouts associated with exertion. - Other medical issues (including bone and joint problems) that would keep you from safely participating in the PRT. <p>NOTE: If "Yes", STOP. 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"> - Age 35 or older. - A family history of sudden death before the age of 50. <p>NOTE: If "Yes", proceed to question 7. If "No", STOP. 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", STOP. 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"> - Used any tobacco products in the last 30 days. - Diabetes. - High Blood Pressure that is not controlled. - Family history of heart disease at any age. - You are male and over 45 years of age OR you are female and over 55 years of age. <p>NOTE: If "Yes", STOP. 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):
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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
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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? (For Females Only)</p> <ul style="list-style-type: none"> - You are pregnant, or have reason to believe you could be pregnant. - You were pregnant and/or gave birth within the past 6 months. - You miscarried or gave birth to a live or stillborn child(ren) within the past 6 months. - You are currently undergoing in vitro fertilization (IVF) treatment, or have undergone IVF within the past 6 months. <p>NOTE: If you answer "Yes" to any of the above you are NOT authorized to participate in the Physical Fitness Assessment (PFA) this cycle. 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", STOP. 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", STOP. Print this PARFQ. Schedule a medical appointment with primary HCP and take this PARFQ to the medical appointment. PRT is NOT authorized until you complete the PHA. 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"> - Unexplained chest discomfort. - Unusual or unexplained shortness of breath. - Dizziness, fainting, or blackouts associated with exertion. - Other medical issues (including bone and joint problems) that would keep you from safely participating in the PRT. <p>NOTE: If "Yes", STOP. 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"> - Age 35 or older. - A family history of sudden death before the age of 50. <p>NOTE: If "Yes", proceed to question 7. If "No", STOP. 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", STOP. 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"> - Used any tobacco products in the last 30 days. - Diabetes. - High Blood Pressure that is not controlled. - Family history of heart disease at any age. - You are male and over 45 years of age OR you are female and over 55 years of age. <p>NOTE: If "Yes", STOP. 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

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

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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? (For Females Only)</p> <ul style="list-style-type: none"> - You are pregnant, or have reason to believe you could be pregnant. - You were pregnant and/or gave birth within the past 6 months. - You miscarried or gave birth to a live or stillborn child(ren) within the past 6 months. - You are currently undergoing in vitro fertilization (IVF) treatment, or have undergone IVF within the past 6 months. <p>NOTE: If you answer "Yes" to any of the above you are NOT authorized to participate in the Physical Fitness Assessment (PFA) this cycle. 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", STOP. 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", STOP. Print this PARFQ. Schedule a medical appointment with primary HCP and take this PARFQ to the medical appointment. PRT is NOT authorized until you complete the PHA. 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"> - Unexplained chest discomfort. - Unusual or unexplained shortness of breath. - Dizziness, fainting, or blackouts associated with exertion. - Other medical issues (including bone and joint problems) that would keep you from safely participating in the PRT. <p>NOTE: If "Yes", STOP. 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"> - Age 35 or older. - A family history of sudden death before the age of 50. <p>NOTE: If "Yes", proceed to question 7. If "No", STOP. 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", STOP. 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"> - Used any tobacco products in the last 30 days. - Diabetes. - High Blood Pressure that is not controlled. - Family history of heart disease at any age. - You are male and over 45 years of age OR you are female and over 55 years of age. <p>NOTE: If "Yes", STOP. 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 NOT Required	<input type="checkbox"/> Member Cleared Waiver Required	<input checked="" type="checkbox"/> Member NOT Cleared Waiver Required
HCP/AMDR Name (Print):	HCP/AMDR Signature:	Date:
C. Davis, MD, LCDR, USN		Aug 30, 2016

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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? (For Females Only)</p> <ul style="list-style-type: none"> - You are pregnant, or have reason to believe you could be pregnant. - You were pregnant and/or gave birth within the past 6 months. - You miscarried or gave birth to a live or stillborn child(ren) within the past 6 months. - You are currently undergoing in vitro fertilization (IVF) treatment, or have undergone IVF within the past 6 months. <p>NOTE: If you answer "Yes" to any of the above you are NOT authorized to participate in the Physical Fitness Assessment (PFA) this cycle. 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", STOP. 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", STOP. Print this PARFQ. Schedule a medical appointment with primary HCP and take this PARFQ to the medical appointment. PRT is NOT authorized until you complete the PHA. 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"> - Unexplained chest discomfort. - Unusual or unexplained shortness of breath. - Dizziness, fainting, or blackouts associated with exertion. - Other medical issues (including bone and joint problems) that would keep you from safely participating in the PRT. <p>NOTE: If "Yes", STOP. 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"> - Age 35 or older. - A family history of sudden death before the age of 50. <p>NOTE: If "Yes", proceed to question 7. If "No", STOP. 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", STOP. 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"> - Used any tobacco products in the last 30 days. - Diabetes. - High Blood Pressure that is not controlled. - Family history of heart disease at any age. - You are male and over 45 years of age OR you are female and over 55 years of age. <p>NOTE: If "Yes", STOP. 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

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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? (For Females Only)</p> <ul style="list-style-type: none"> - You are pregnant, or have reason to believe you could be pregnant. - You were pregnant and/or gave birth within the past 6 months. - You miscarried or gave birth to a live or stillborn child(ren) within the past 6 months. - You are currently undergoing in vitro fertilization (IVF) treatment, or have undergone IVF within the past 6 months. <p>NOTE: If you answer "Yes" to any of the above you are NOT authorized to participate in the Physical Fitness Assessment (PFA) this cycle. 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", STOP. 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", STOP. Print this PARFQ. Schedule a medical appointment with primary HCP and take this PARFQ to the medical appointment. PRT is NOT authorized until you complete the PHA. 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"> - Unexplained chest discomfort. - Unusual or unexplained shortness of breath. - Dizziness, fainting, or blackouts associated with exertion. - Other medical issues (including bone and joint problems) that would keep you from safely participating in the PRT. <p>NOTE: If "Yes", STOP. 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"> - Age 35 or older. - A family history of sudden death before the age of 50. <p>NOTE: If "Yes", proceed to question 7. If "No", STOP. 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", STOP. 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"> - Used any tobacco products in the last 30 days. - Diabetes. - High Blood Pressure that is not controlled. - Family history of heart disease at any age. - You are male and over 45 years of age OR you are female and over 55 years of age. <p>NOTE: If "Yes", STOP. 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):
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PRT PARTICIPATION STATUS

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

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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 20th week about 29 OCT 2016 and her 28th 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? (For Females Only)</p> <ul style="list-style-type: none"> - You are pregnant, or have reason to believe you could be pregnant. - You were pregnant and/or gave birth within the past 6 months. - You miscarried or gave birth to a live or stillborn child(ren) within the past 6 months. - You are currently undergoing in vitro fertilization (IVF) treatment, or have undergone IVF within the past 6 months. <p>NOTE: If you answer "Yes" to any of the above you are NOT authorized to participate in the Physical Fitness Assessment (PFA) this cycle. 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", STOP. 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", STOP. Print this PARFQ. Schedule a medical appointment with primary HCP and take this PARFQ to the medical appointment. PRT is NOT authorized until you complete the PHA. 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"> - Unexplained chest discomfort. - Unusual or unexplained shortness of breath. - Dizziness, fainting, or blackouts associated with exertion. - Other medical issues (including bone and joint problems) that would keep you from safely participating in the PRT. <p>NOTE: If "Yes", STOP. 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"> - Age 35 or older. - A family history of sudden death before the age of 50. <p>NOTE: If "Yes", proceed to question 7. If "No", STOP. 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", STOP. 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"> - Used any tobacco products in the last 30 days. - Diabetes. - High Blood Pressure that is not controlled. - Family history of heart disease at any age. - You are male and over 45 years of age OR you are female and over 55 years of age. <p>NOTE: If "Yes", STOP. 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): Walker, Brian,	PARFQ Date: Aug 17, 2016	Date of Birth: Jun 1, 1995	Date of Last PHA: Jul 12, 2016	Member Signature (CAC Digital Signature Optional):
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PRT PARTICIPATION STATUS

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

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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



NAVY
PHYSICAL
READINESS
PROGRAM

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



NAVY
PHYSICAL
READINESS
PROGRAM

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

Instructor Tracking Sheet

Medical Review

Last Name	First Name	PARFQ OK?	PHA Needed?	Medical Waiver?	Type of Waiver?
Anderson	David	Yes	No	N/A	N/A
Brown	Elizabeth	No	Yes	Cleared for PRT	N/A
Garcia	Paul	No	Yes	Yes	PRT: All Events
Jackson	Charles	No	No	Cleared	N/A
Lee	Edward	No	No	Yes	PRT: Cardio
Lewis	Steven	No	No	Yes	BCA and PRT
Martin	Christopher	Yes	No	Cleared for PRT	N/A
Moore	Michael	No	Yes	Cleared for PRT	N/A
Smith	Mary	No	No		Pregnancy
Thompson	Daniel	Yes	No	Cleared for PRT	N/A
Walker	Brian	No	No	Yes	PRT: Push-ups & Cardio (Treadmill only)

Notes:

Instructor Tracking Sheet

BCA Review

Last Name	First Name	Height & Weight OK?	A/C Measurement OK?	Body Fat %?	BCA Pass?
Anderson	David	No	No	21	Yes
Brown	Elizabeth	No	No	32	Yes
Garcia	Paul	Yes	-----	-----	Yes
Jackson	Charles	No	Yes	-----	Yes
Lee	Edward	Yes	-----	-----	Yes
Lewis	Steven	BCA Waiver	-----	-----	Waiver
Martin	Christopher	Yes	-----	-----	Yes
Moore	Michael	No	No	27	No – not first
Smith	Mary	Pregnancy Waiver	-----	-----	-----
Thompson	Daniel	No	No	24	Yes
Walker	Brian	Yes	-----	-----	Yes

Notes:

Instructor Tracking Sheet

PRT/PFA Review

Last Name	First Name	PRT Score?	PFA Pass?	Admin Actions?
Anderson	David	66 – Good Medium	Yes	
Brown	Elizabeth	93 – Outstanding Low	Yes	
Garcia	Paul	N/A	N/A	
Jackson	Charles	58 – Satisfactory High	Yes	
Lee	Edward	Partial Pass	Yes	
Lewis	Steven	UA	No	Page,13, NJP
Martin	Christopher	Failed Cardio	No	Page 13, Start ADSEP
Moore	Michael	51 – Satisfactory Medium	No, BCA Failure	Page 13, Start ADSEP
Smith	Mary	N/A	N/A	
Thompson	Daniel	70 – Good High	Yes	
Walker	Brian	Partial Pass	Yes	

Notes:

1. Determined that PO1 Lewis was a no show for the PRT; results in UA and PFA failure and possible UCMJ actions (article 86 & 92).

Command Fitness Leader Course

Open Book Pre-Test

1. What are the three components of the PFA according to OPNAVINST 6110.1 (Series)?
 - a. Medical screening, body composition assessment, and cardio
 - b. Body composition assessment, muscular strength, and cardio
 - c. Medical screening, physical readiness test, and body composition assessment
 - d. Height and weight screening, circumference measurement, and physical readiness test
2. How long are CFLs required to maintain original and official PFA and FEP documentation?
 - a. Until next PFA cycle
 - b. 3 years
 - c. 4 years
 - d. 5 years
3. When can a member be waived from participating in the BCA?
 - a. A valid BCA medical waiver signed by the CO
 - b. DEP/OP status approved by the ISIC for the entire command
 - c. Onboard less than 10 weeks
 - d. Both A and B
4. What components make up the requirements for a Sailor to achieve the PRT incentive?
 - a. Pass BCA and be within age-adjusted BF standards, score Excellent Low or better with no single event score lower than Good Low on the PRT
 - b. Pass BCA and be within age-adjusted BF standards, score Excellent Low or better with no single event score lower than Good Low on the PRT, and pass next official BCA
 - c. Pass BCA and Score Outstanding Low on the PRT
 - d. Pass BCA and Score Outstanding Low on the PRT, and pass the next official BCA
5. (TRUE/FALSE) Commands will no longer process members for separation as a result of Physical Fitness Assessment (PFA) failures?
 - a. True
 - b. False
6. (TRUE/FALSE) If a member does not receive a PFA notification, then they do not have to perform a PFA.
 - a. True
 - b. False

7. If a member checks on board with a PFA failure from the most recent cycle and there is no documented page 13 in the member's Electronic Service Record (ESR), the CFL shall
 - a. inform the previous command to complete the necessary paperwork.
 - b. immediately start the ADSEP process.
 - c. issue a Page 13 via NSIPS and enroll the member in FEP.
 - d. enroll the member in FEP only.
8. What must occur when an enlisted member fails the most recent PFA and it is the first failure?
 - a. Frocking or advancement must be deferred and a page 13 entry must be made
 - b. Military Bearing mark must be set to 1.0 in the periodic evaluation
 - c. Nothing, action must only be taken once 2 or more PFA failures have occurred
 - d. Frocking or advancement must be deferred and a LON must be issued
9. What is the maximum allowable body fat percentage for male and female Sailors?
 - a. 24% for males and 35% for females
 - b. 23% for males and 34% for females
 - c. 22% for males and 33% for females
 - d. 26% for males and 36% for females
10. What must occur when an officer fails a PFA?
 - a. A Letter of Notification must be issued and forwarded to NAVPERSCOM Record Management/Policy Branch (PERS 834) for entry into the OMPF after only the second failure.
 - b. A Letter of Notification for the first and second PFA failure are to be forwarded to NAVPERSCOM, Records Management/Policy Branch (PERS-313) for entry into the OMPF.
 - c. Nothing, officers are not counseled on PFA failures
 - d. A Letter of Notification must be issued for all failures and filed in the local records only
11. Are one-on-one BCAs authorized?
 - a. Yes, if the CO authorizes.
 - b. Yes, if the member cannot attend any of the scheduled BCA dates.
 - c. Yes, if additional CFLs/ACFLs are not available to assist.
 - d. No, one-on-one BCAs are never authorized.
12. A command may conduct an official PFA anytime within each Navy PFA cycle providing there is a minimum of months between PFAs and only per Navy Cycle.
 - a. 4 months, 1 PFA
 - b. 4 months, 2 PFAs
 - c. 6 months, 1 PFA
 - d. 24 hours, 1 PFA
13. BCA medical waivers
 - a. can be granted by an Independent Duty Corpsman.
 - b. can be granted for 2 cycles.
 - c. require a medical specialist signature and a medical supervisor signature.
 - d. do not have to be signed by the commanding officer.

14. According to NAVADMN 231/13, the PRT shall be completed within days of the BCA, but not less than hours after the BCA.
- 14 days, 36 hours
 - 30 days, 24 hours
 - 45 days, 24 hours
 - 60 days, 24 hours
15. All medical waivers are valid for
- one PFA cycle only.
 - 8 weeks.
 - 3 months.
 - 6 months.
16. An individual must request a “Bad Day” within hours of completing the initial PRT. If approved, the retest must be administered within days of being medically cleared.
- 24 hours, 7 days
 - 24 hours, 45 days
 - 48 hours, 30 days
 - 96 hours, 45 days
17. When conducting the initial height-weight measurement, height will be rounded to the nearest inch.
- down, ½ inch
 - down, full inch
 - up, ½ inch
 - up, full inch
18. What are flutter kicks, standing hamstring stretches, and 8-count bodybuilders examples of?
- Approved Dynamic warm-up exercises
 - Contraindicated exercises
 - Exercises appropriate for all members
 - Exercises only approved for Command PT
19. (TRUE/FALSE) The Elliptical Trainer will no longer be authorized as an alternate cardio device beginning with PFA cycle 1, 2018?
- True
 - False

20. Male: 25 years old, BCA: 19%, Curl-ups: 86, Push-ups: 76, 1.5 mile run time: 9:30 minutes. What is his overall PRT score?
- Outstanding Low
 - Excellent Medium
 - Good High
 - Satisfactory Medium
21. Female: 36 years, BCA: 37%, Curl-ups: 80, Push-ups: 39, 1.5 mile run time: 13:51 minutes. What is her overall PFA score?
- Excellent Low
 - Good High
 - Satisfactory Medium
 - Failure
22. A female service member's pregnancy status expired (9 months after Qualifying Birth Event) on 1 November 2017. Her command's next PFA begins on 1 March 2018. When is she required to participate in a PFA cycle, assuming she has been cleared by a Health Care Provider?
- Cycle 2, 2017
 - Cycle 1, 2018
 - Cycle 2, 2018
 - Cycle 1, 2019
23. Qualifications of ACFL's include all of the following EXCEPT:
- Non-user of tobacco products
 - Current CPR qualification
 - Overall PRT score of good
 - Within Navy BCA standards
24. (TRUE/FALSE) If a member checks into the command after the most recent command PFA cycle without a current PFA in PRIMIS, the member will not be expected to complete a PFA.
- True
 - False
25. What overall minimum PRT score does a Sailor have to achieve in order to receive the PRT incentive?
- Outstanding Low
 - Excellent Low
 - No single event lower than Good Low
 - BOTH B and C

Command Fitness Leader Course

Open Book Test

1. What are the three components of the PFA according to OPNAVINST 6110.1 (Series)?
 - a. Medical screening, body composition assessment, and cardio
 - b. Body composition assessment, muscular strength, and cardio
 - c. Medical screening, physical readiness test, and body composition assessment
 - d. Height and weight screening, circumference measurement, and physical readiness test
2. How long are CFLs required to maintain original and official PFA and FEP documentation?
 - a. Until next PFA cycle
 - b. 3 years
 - c. 4 years
 - d. 5 years
3. When can a member be waived from participating in the BCA?
 - a. A valid BCA medical waiver signed by the CO
 - b. DEP/OP status approved by the ISIC for the entire command
 - c. Onboard less than 10 weeks
 - d. Both A and B
4. What components make up the requirements for a Sailor to achieve the PRT incentive?
 - a. Pass BCA and be within age-adjusted BF standards, score Excellent Low or better with no single event score lower than Good Low on the PRT
 - b. Pass BCA and be within age-adjusted BF standards, score Excellent Low or better with no single event score lower than Good Low on the PRT, and pass next official BCA
 - c. Pass BCA and Score Outstanding Low on the PRT
 - d. Pass BCA and Score Outstanding Low on the PRT, and pass the next official BCA
5. (TRUE/FALSE) Commands will no longer process members for separation as a result of Physical Fitness Assessment (PFA) failures?
 - a. True
 - b. False
6. (TRUE/FALSE) If a member does not receive a PFA notification, then they do not have to perform a PFA.
 - a. True
 - b. False

7. If a member checks on board with a PFA failure from the most recent cycle and there is no documented page 13 in the member's Electronic Service Record (ESR), the CFL shall
 - a. inform the previous command to complete the necessary paperwork.
 - b. immediately start the ADSEP process.
 - c. issue a Page 13 via NSIPS and enroll the member in FEP.
 - d. enroll the member in FEP only.
8. What must occur when an enlisted member fails the most recent PFA and it is the first failure?
 - a. Frocking or advancement must be deferred and a page 13 entry must be made
 - b. Military Bearing mark must be set to 1.0 in the periodic evaluation
 - c. Nothing, action must only be taken once 2 or more PFA failures have occurred
 - d. Frocking or advancement must be deferred and a LON must be issued
9. What is the maximum allowable body fat percentage for male and female Sailors?
 - a. 24% for males and 35% for females
 - b. 23% for males and 34% for females
 - c. 22% for males and 33% for females
 - d. 26% for males and 36% for females
10. What must occur when an officer fails a PFA?
 - a. A Letter of Notification must be issued and forwarded to NAVPERSCOM Record Management/Policy Branch (PERS 834) for entry into the OMPF after only the second failure.
 - b. A Letter of Notification for the first and second PFA failure are to be forwarded to NAVPERSCOM, Records Management/Policy Branch (PERS-313) for entry into the OMPF.
 - c. Nothing, officers are not counseled on PFA failures
 - d. A Letter of Notification must be issued for all failures and filed in the local records only
11. Are one-on-one BCAs authorized?
 - a. Yes, if the CO authorizes.
 - b. Yes, if the member cannot attend any of the scheduled BCA dates.
 - c. Yes, if additional CFLs/ACFLs are not available to assist.
 - d. No, one-on-one BCAs are never authorized.
12. A command may conduct an official PFA anytime within each Navy PFA cycle providing there is a minimum of months between PFAs and only per Navy Cycle.
 - a. 4 months, 1 PFA
 - b. 4 months, 2 PFAs
 - c. 6 months, 1 PFA
 - d. 24 hours, 1 PFA
13. BCA medical waivers
 - a. can be granted by an Independent Duty Corpsman.
 - b. can be granted for 2 cycles.
 - c. require a medical specialist signature and a medical supervisor signature.
 - d. do not have to be signed by the commanding officer.

14. According to NAVADMN 231/13, the PRT shall be completed within days of the BCA, but not less than hours after the BCA.
- a. 14 days, 36 hours
 - b. 30 days, 24 hours
 - c. 45 days, 24 hours
 - d. 60 days, 24 hours
15. All medical waivers are valid for
- a. one PFA cycle only.
 - b. 8 weeks.
 - c. 3 months.
 - d. 6 months.
16. An individual must request a “Bad Day” within hours of completing the initial PRT. If approved, the retest must be administered within days of being medically cleared.
- a. 24 hours, 7 days
 - b. 24 hours, 45 days
 - c. 48 hours, 30 days
 - d. 96 hours, 45 days
17. When conducting the initial height-weight measurement, height will be rounded to the nearest inch.
- a. down, ½ inch
 - b. down, full inch
 - c. up, ½ inch
 - d. up, full inch
18. What are flutter kicks, standing hamstring stretches, and 8-count bodybuilders examples of?
- a. Approved Dynamic warm-up exercises
 - b. Contraindicated exercises
 - c. Exercises appropriate for all members
 - d. Exercises only approved for Command PT
19. (TRUE/FALSE) The Elliptical Trainer will no longer be authorized as an alternate cardio device beginning with PFA cycle 1, 2018?
- a. True
 - b. False

20. Male: 25 years old, BCA: 19%, Curl-ups: 86, Push-ups: 76, 1.5 mile run time: 9:30 minutes. What is his overall PRT score?
- Outstanding Low
 - Excellent Medium
 - Good High
 - Satisfactory Medium
21. Female: 36 years, BCA: 37%, Curl-ups: 80, Push-ups: 39, 1.5 mile run time: 13:51 minutes. What is her overall PFA score?
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 - Failure
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- Cycle 2, 2017
 - Cycle 1, 2018
 - Cycle 2, 2018
 - Cycle 1, 2019
23. Qualifications of ACFL's include all of the following EXCEPT:
- Non-user of tobacco products
 - Current CPR qualification
 - Overall PRT score of good
 - Within Navy BCA standards
24. (TRUE/FALSE) If a member checks into the command after the most recent command PFA cycle without a current PFA in PRIMS, the member will not be expected to complete a PFA.
- True
 - False
25. What overall minimum PRT score does a Sailor have to achieve in order to receive the PRT incentive?
- Outstanding Low
 - Excellent Low
 - No single event lower than Good Low
 - BOTH B and C

Open Book Answer Sheet

Name: _____

Date: _____

1. ____
2. ____
3. ____
4. ____
5. ____
6. ____
7. ____
8. ____
9. ____
10. ____
11. ____
12. ____
13. ____
14. ____
15. ____
16. ____
17. ____
18. ____
19. ____
20. ____
21. ____
22. ____
23. ____
24. ____
25. ____

Command Fitness Leader Course

Closed Book Test

26. What does the Navy use to assess personal physical fitness of its members?
- a. Physical Readiness Test
 - b. Physical Fitness Assessment
 - c. Physical Readiness Training
 - d. Physical Fitness Test
27. What are the semi-annual PFA cycles for Navy defined as?
- a. The dates established on the command's 10 week PFA notice
 - b. 1 Jan – 30 June (Spring) and 1 Jul – 31 Dec (Fall)
 - c. 1 Jan – 30 June (Cycle 1) and 1 Jul – 31 Dec (Cycle 2)
 - d. 1 Oct – 31 Mar (Cycle 1) and 1 Apr – 30 Sep (Cycle 2)
28. Within how many days are CFLs required to input PFA data into PRIMS for an official PFA cycle?
- a. 30 days
 - b. 60 days
 - c. 90 days
 - d. 120 days
29. What is the ability to sustain muscle contractions over a period of time without fatigue called?
- a. Muscular strength
 - b. Cardiovascular endurance
 - c. Muscular endurance
 - d. Flexibility
30. What is the ability of the heart and lungs to deliver oxygen to working muscles called?
- a. Muscular strength
 - b. Cardio-muscular endurance
 - c. Muscular endurance
 - d. Cardio-respiratory endurance
31. At a minimum, FEP shall be conducted times a week for a total of minutes per week.
- a. 3, 60 minutes
 - b. 3, 45 minutes
 - c. 5, 60 minutes
 - d. 3, 150 minutes

32. What is the required uniform of the day during the official PRT per OPNAVINST 6110.1?
- a. Navy T-shirt, Navy shorts, and Navy ball cap
 - b. Any T-shirt and shorts, as long as they are blue and gold
 - c. Physical Training Uniform (PTU), shirt tucked into shorts
 - d. As determined by the CO or OIC
33. (TRUE/FALSE) Minimalist shoes are NOT authorized for wear during the official PRT?
- a. True
 - b. False
34. (TRUE/FALSE) If a member fails the BCA portion of the PFA, the entire PFA is recorded as a failure.
- a. True
 - b. False
35. Which of the following is NOT a valid medical waiver for the PFA?
- a. PRT medical waiver for the 1.5 mile run signed by the AMDR and the CO.
 - b. BCA medical waiver signed by a civilian physician and the CO.
 - c. PRT medical waiver for all the cardio options signed by the AMDR and the CO.
 - d. Push-ups medical waiver signed by the AMDR and the CO.
36. Which safety procedures are required during the PRT?
- a. A safety plan to include notification of medical in the event of an emergency
 - b. At least 2 CPR monitors on the course at all times
 - c. A safety plan, which includes emergency notification information, and at least 2 CPR monitors at the PRT site at all times.
 - d. Medical personnel at the PRT site
37. (TRUE/FALSE) If a member is medically waived from any portion of the PFA, the score will be an average of the remaining events.
- a. True
 - b. False
38. Which member shall NOT be entered into the Fitness Enhancement Program (FEP)?
- a. A member who fails the BCA
 - b. A member who scores good
 - c. A member who passed the cardio and pushups, but failed the curl-ups
 - d. A member who fails the BCA or a PRT event

39. (TRUE/FALSE) For either a BCA spot-check failure or PFA failure, a Sailor must participate in the Fitness Enhancement Program (FEP) until they pass an official PFA and are within their Age-Adjusted Body Fat Standard (AAS).
- a. True
 - b. False
40. All Sailors must have a Body Composition Assessment (BCA) completed within _____ work days of reporting to a new command.
- a. 3 DAYS
 - b. 5 DAYS
 - c. 7 DAYS
 - d. 14 DAYS
41. (TRUE/FALSE) Commands/Units that are unable to complete the PRT due to deployment or operational commitments must select the DEP/OP status for the PRT.
- a. True
 - b. False
42. (TRUE/FALSE) The CFL is responsible for providing personal nutrition guidance and daily meal plans to members on FEP:
- a. True
 - b. False
43. If a Sailor checks onboard after the command's official PFA cycle (and does not have a PFA record for the current cycle), they are required to complete a BCA.
- a. True
 - b. False
 - c. It is up to the Commanding Officer
44. How does an enlisted Sailor with two or more consecutive PFA failures regain eligibility for advancement and reenlistment?
- a. Pass subsequent official PFA
 - b. Pass a command-directed monthly mock PFA
 - c. Obtain the recommendation of their Commanding Officer
 - d. BOTH A & C
45. What must occur for an officer that fails one PFA?
- a. Delay promotion and inform PERS-833
 - b. Be issued a Letter of Notification (LON) to inform Sailor of the PFA failure
 - c. Enrolled into FEP until passing the next official PFA
 - d. All of the above

46. Who may perform an official Body Composition Assessment that is recorded in PRIMS?
- Medical personnel
 - CFLs or trained ACFLs
 - MWR fitness staff
 - Command Fitness Leaders and MWR fitness staff
47. Once a Page 13 has been issued to document a PFA failure of enlisted personnel, verify the Page 13 in and electronically forward the Page 13 to for inclusion in the member's ESR.
- PERSONNEL, OPNAV N135F
 - PRIMS, BUPERS
 - NSIPS, NAVPERSCOM
 - EASIS, BUPERS
48. (TRUE/FALSE) During in-vitro fertilization cycles, servicewomen will NOT be exempt from participating in the PRT and BCA.
- True
 - False
49. Acclimatization periods for newly arrived personnel are
- by instruction at least 30 days long.
 - by instruction no more than 45 days long.
 - determined by the CO with the AMDR's consultation.
 - determined by the CFL with the CO's consultation.
50. (TRUE/FALSE) A member must participate in the PRT even if they failed the BCA.
- True
 - False

Closed Book Answer Sheet

Name: _____

Date: _____

26. _____

27. _____

28. _____

29. _____

30. _____

31. _____

32. _____

33. _____

34. _____

35. _____

36. _____

37. _____

38. _____

39. _____

40. _____

41. _____

42. _____

43. _____

44. _____

45. _____

46. _____

47. _____

48. _____

49. _____

50. _____

Test Answer Key

Number	Answer		Page Ref	# correct	Score	# incorrect
1	C	Medical screening, physical readiness test, and body composition assessment	6110, pg3	50	100	0
2	D	5 YEARS	pg10	49	98	1
3	D	A valid BCA medical waiver or DEP/OP status approved by the ISIC for the entire command. On board less than 10 weeks must participate	encl 1, pg 4-5	48	96	2
4	B	Pass BCA & within AAS, EL or better with ≥ GL per event, pass next official BCA	NAVADMIN 141/17	47	94	3
5	A	TRUE	NAVADMIN 304/17	46	92	4
6	B	FALSE	Guide 1, pg13	45	90	5
7	C	Issue a Page 13 via NSIPS and enrol the member in FEP	pg9	44	88	6
8	A	DEFER FROCKING OR ADVANCEMENT ONLY	encl 2, pg2	43	86	7
9	D	26 MALE 36 FEMALE	encl 1, pg7	42	84	8
10	B	Recorded Mangement/Policy Branch (PERS 834) for entry into OMPF		41	82	9
11	D	Never	encl 1, pg 7; guide 4	40	80	10
12	A	4 months, 1 PFA	6110 and Guide 10	39	78	11
13	C	2 signatures are required, med specialist and supervisor	Guide 6, pg 7; encl 1, pg 1	38	76	12
14	C	45 days and 24 hours	NAVADMN 231/13	37	74	13
15	A	One PFA cycle only	Guide 6	36	72	14
16	A	24 hours and 7 days	NAVADMIN 108/19	35	70	15
17	D	up, nearest whole inch	Guide 4	34	68	16
18	B	Contraindicated Exercises	Command PT and FEP Guide	33	66	17
19	A	TRUE	NAVADMIN 141/17	32	64	18
20	B	Excellent Medium	encl 2 and 3	31	62	19
21	D	Failed BCA	encl 1	30	60	20
22	B	Cycle 1, 2018	Guide 8	29	58	21
23	C	overall score of good	Guide 1, pg 4	28	56	22
24	B	FALSE	Guide 1, pg 8	27	54	23
25	D	Excellent Low with no single event lower than Good Low	NAVADMIN 141/17	26	52	24
26	B	PHYSICAL FITNESS ASSESSMENT	6110, pg3	25	50	25
27	C	1 JAN - 30 JUNE (CYCLE 1) AND 1 JUL - 31 DEC (CYCLE 2)	encl 1, pg 2	24	48	26
28	A	30 DAYS	encl 1, pg11	23	46	27
29	C	muscular endurance	Guide 5, pg 4	22	44	28
30	D	Cardiorespiratory endurance	Guide PT&FEP	21	42	29
31	D	3 times per week, Total of 150 minutes	pg3	20	40	30
32	C	PTU		19	38	31
33	B	Running shoes, including minimalist running shoes	Guide PT&FEP	18	36	32
34	A	TRUE	encl 1, pg1	17	34	33
35	B	BCA med waiver signed by a civ phys and the CO		15	30	35
36	C	A safety plan, which includes emergency notification information, and at least 2 CPR monitors at the PRT site at all times.	Guide PT&FEP	14	28	36
37	B	FALSE - they may receive a pass if they pass the other events	encl 1, pg3	13	26	37
38	B	TRUE	NAVADMIN 304/17	12	24	38
39	A	TRUE	Guide 1, pg 17, encl 2	11	22	39
40	B	5 Days	NAVADMIN 304/17	10	20	40
41	A	TRUE	encl 1, pg5	9	18	41
42	B	FALSE - CFLs/ACFLs provide general guidance using mypyramid and the dietary guidelines for americans. Only registered Dietitians are authorize to provide diets to members.	Guide PT&FEP	8	16	42
43	A	TRUE	encl 1, pg7	7	14	43
44	D	BOTH A & C	NAVADMIN 304/17	6	12	44
45	D	All of the above	NAVADMIN 304/17	5	10	45
46	B	CFL's	Guide 4, pg 3	4	8	46
47	C	NSIPS, NAVPERSCOM	6110	3	6	47
48	B	FALSE	Guide 8 pg 5	2	4	48
49	C	Determined by the CO with the AMDR's consultation	encl 1, pg 6	1	2	49
50	A	TRUE	encl 1, pg1	0	0	50

Exercise Program Design Presentation Check Sheet

Exercise Presentation:

	1.0 Below Standards	2.0 Progressing	3.0 Meets Standards	4.0 Above Standards	5.0 Greatly Exceeds Standards
Vocal Cues	Participants have difficulty hearing the presenter. The vocal cues are ineffective to prepare the participants for the next movement. "Ums" are used excessively. Articulation and pronunciation tend to be sloppy. <input type="checkbox"/>	<input type="checkbox"/>	The vocal cues are generally effective – however, effective use of volume, eye contact, vocal control, etc. is not consistent. Some "Ums" are observed. Generally, articulation and pronunciation are clear. Most participants can hear the presenter. <input type="checkbox"/>	<input type="checkbox"/>	The delivery is extemporaneous -- natural, confident, and enhances the presentation – eye contact, facial expressions, volume, pace, etc. indicate confidence and a commitment to the exercise. Articulation and pronunciation are clear. All participants can hear the presenter. <input type="checkbox"/>
Visual Cues	Participants have difficulty seeing clear visual cues from the presenter. The visual cues are ineffective to show the participants the correct way to perform the exercise. Movements tend to be sloppy and uncoordinated. <input type="checkbox"/>	<input type="checkbox"/>	The visual cues are generally effective – however, effective use of posture and gestures, etc. is not consistent. Movements tend to be clear and coordinated. Most participants can see the presenter. <input type="checkbox"/>	<input type="checkbox"/>	The visual cues are natural, confident, and enhance the vocal cues – postures and gestures, etc. indicate confidence and a commitment to the exercise. Movements are clear and coordinated. All participants can see the presenter. <input type="checkbox"/>
Motivation	The presenter is clearly not motivated to present, and is unable to motivate the participants to perform the exercises. <input type="checkbox"/>	<input type="checkbox"/>	The presenter is generally able to motivate the participants. <input type="checkbox"/>	<input type="checkbox"/>	All participants are motivated by the presenter. <input type="checkbox"/>

Scoring Notes:

Score the Exercise Presentations according to the above descriptions. Total up the score for all 3 items (i.e., vocal cues, visual cues, and motivation).

Total Exercise Score: _____

The minimum exercise score is 9 out of a maximum score of 15, with no item scoring below 2.0.

Exercise Program Design Presentation Check Sheet

Exercise Program Design:

	1.0 Below Standards	2.0 Progressing	3.0 Meets Standards	4.0 Above Standards	5.0 Greatly Exceeds Standards
Warm-up	Too few warm-up exercises have been selected and they are not relevant to the activities to be performed. <input type="checkbox"/>	<input type="checkbox"/>	Enough warm-up exercises have been selected. Some may not be relevant to the activities to be performed. <input type="checkbox"/>	<input type="checkbox"/>	All warm-up exercises selected are relevant to the activities to be performed and there enough of them to make an interesting warm-up. <input type="checkbox"/>
Cardio Exercises	Too few cardio exercises have been identified. <input type="checkbox"/>	<input type="checkbox"/>	Enough cardio exercises have been selected to provide 20 minutes of cardio training. Some exercises may be repeated. <input type="checkbox"/>	<input type="checkbox"/>	All cardio exercises selected provide an interesting mix of cardio exercises and easily provide 20 minutes of cardio training. <input type="checkbox"/>
Strength Exercises	Too few strength exercises have been identified and the ones that have been selected are not well balanced. <input type="checkbox"/>	<input type="checkbox"/>	Enough strength exercises have been selected to provide 10 minutes of strength training. Some exercises may be repeated. <input type="checkbox"/>	<input type="checkbox"/>	All strength exercises selected provide a well-balanced strength workout and easily provide 10 minutes of strength training. <input type="checkbox"/>
Cool-Down	Too few cool-down exercises have been selected and they are not relevant to the activities performed. <input type="checkbox"/>	<input type="checkbox"/>	Enough cool-down exercises have been selected. Some may not be relevant to the activities performed. <input type="checkbox"/>	<input type="checkbox"/>	All cool-down exercises selected are relevant to the activities performed and there enough of them to make an interesting cool-down. <input type="checkbox"/>

Scoring Notes:

Review the Exercise Program Design according to the above descriptions. Total up the score for all 4 items (i.e., warm-up, cardio exercises, strength exercises, and cool-down).

The minimum exercise design score is 12 out of a maximum score of 20, with no item scoring below 2.0.

Total Design Score: _____

Exercise Program Design Presentation Check Sheet

Exercise Prescription Design:

	1.0 Below Standards	2.0 Progressing	3.0 Meets Standards	4.0 Above Standards	5.0 Greatly Exceeds Standards
FITT Principle	The FITT Principle was not used to develop the exercise prescription. <input type="checkbox"/>	<input type="checkbox"/>	Only one FITT principle is addressed at a time. <input type="checkbox"/>	<input type="checkbox"/>	All FITT principles were addressed and a large variety of exercise options are provided.
Progression	There is no or very limited progression available in the exercise prescription. <input type="checkbox"/>	<input type="checkbox"/>	Adequate progression is designed in the exercise prescription. <input type="checkbox"/>	<input type="checkbox"/>	The exercise prescription allows for progression at each Sailor's own rate and progression is varied properly to reduce risk for overuse and injury. <input type="checkbox"/>
Specificity	The exercise prescription is not tailored to the specific needs of the Sailor. <input type="checkbox"/>	<input type="checkbox"/>	Exercises selected address the specific needs of the Sailor. <input type="checkbox"/>	<input type="checkbox"/>	The exercise prescription contains a large variety of exercises to address the needs of the Sailor, while reducing boredom and minimizing the plateau effect. <input type="checkbox"/>
Admin. Knowledge	FEP requirements were not acknowledged. No mock PFAs were added to the exercise program. <input type="checkbox"/>	<input type="checkbox"/>	Borderline Sailors were identified for enrollment in FEP. Command PT is offered 3 times a week. <input type="checkbox"/>	<input type="checkbox"/>	All borderline Sailors were identified for enrollment in FEP. Command PT is offered more than 3 times a week with multiple sessions /large variety of activities offered Mock PFAs were added to program.. <input type="checkbox"/>

Scoring Notes:

Score the Exercise Prescription Presentations according to the above descriptions. Total up the score for all 5 items (i.e., FITT Principle, Progression, Specificity, Administrative Knowledge, and Nutrition/Resources).

Total Prescription Score: _____

The minimum prescription score is 15 out of a maximum score of 25, with no item scoring below 2.0.

Total Score (Exercise + Design + Prescription): _____

The minimum score is 36 out of a maximum score of 60.

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? (For Females Only)</p> <ul style="list-style-type: none"> - You are pregnant, or have reason to believe you could be pregnant. - You were pregnant and/or gave birth within the past 6 months. - You miscarried or gave birth to a live or stillborn child(ren) within the past 6 months. - You are currently undergoing in vitro fertilization (IVF) treatment, or have undergone IVF within the past 6 months. <p>NOTE: If you answer "Yes" to any of the above you are NOT authorized to participate in the Physical Fitness Assessment (PFA) this cycle. 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", STOP. 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", STOP. Print this PARFQ. Schedule a medical appointment with primary HCP and take this PARFQ to the medical appointment. PRT is NOT authorized until you complete the PHA. 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"> - Unexplained chest discomfort. - Unusual or unexplained shortness of breath. - Dizziness, fainting, or blackouts associated with exertion. - Other medical issues (including bone and joint problems) that would keep you from safely participating in the PRT. <p>NOTE: If "Yes", STOP. 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"> - Age 35 or older. - A family history of sudden death before the age of 50. <p>NOTE: If "Yes", proceed to question 7. If "No", STOP. 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", STOP. 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"> - Used any tobacco products in the last 30 days. - Diabetes. - High Blood Pressure that is not controlled. - Family history of heart disease at any age. - You are male and over 45 years of age OR you are female and over 55 years of age. <p>NOTE: If "Yes", STOP. 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):
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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:

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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 DOWN 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 UP to the nearest 1/2 inch, average the 2 closest abdomen measurements and round DOWN to nearest 1/2 inch. For BCA determination using the circumference value tables, actual height is rounded UP 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 UP to the nearest 1/2 inch, average the 2 closest waist and hip measurements and round DOWN to nearest 1/2 inch. For BCA determination using the circumference value tables, actual height is rounded UP 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:

#	Name (Last, First, MI)	Rank/Rate	Number of		* Cardio Model	Cardio Time/ Calories	Member Signature (Required before leaving testing site)
			Curl Ups	Push Ups			
*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			

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.

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:

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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:

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: <u>CURL-UPS</u>	Core Score: ____	Core Category: ____
Upper Body: <u>PUSH-UPS</u>	U/ B Score: ____	U/B Category: ____
Cardio: <u>RUN/WALK</u>	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.

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.

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



DEPARTMENT OF THE NAVY
OFFICE OF THE CHIEF OF NAVAL OPERATIONS
2000 NAVY PENTAGON
WASHINGTON, D.C. 20350-2000

OPNAVINST 6110.1J
N135
11 JUL 11

OPNAV INSTRUCTION 6110.1J

From: Chief of Naval Operations

Subj: PHYSICAL READINESS PROGRAM

Ref: (a) DoD Instruction 1308.3 of 5 Nov 2002
(b) OPNAVINST 6100.2A
(c) OPNAVINST 5102.1D
(d) BUPERSINST 1610.10C
(e) NAVPERS 15560D, Military Personnel Manual
(f) SECNAVINST 1920.6C
(g) SECNAVINST 6120.3
(h) OPNAVINST 6000.1C
(i) BUPERSINST 1430.16F
(j) SECNAVINST 1420.1B
(k) DoD Instruction 1215.13 of 11 May 2009

Encl: (1) Physical Fitness Assessment (PFA) Policy Guidelines
(2) Physical Fitness Assessment (PFA) Failure Process
(3) Physical Fitness Assessment (PFA) Tables
(4) Body Composition Assessment (BCA) Medical Waiver Chart
(5) Physical Readiness Test (PRT) Medical Waiver Chart

1. Purpose. To establish policy and requirements for Navy's Physical Readiness Program to ensure both Active Component (AC) and Reserve Component (RC) personnel maintain a level of physical fitness required to support overall mission readiness per reference (a) through (k).

2. Cancellation. OPNAVINST 6110.1H.

3. Scope. This instruction applies to all AC and RC Navy personnel, commands, and activities.

a. This instruction describes the Navy's Physical Readiness Program, issues program requirements, defines the responsibilities for compliance, and establishes required minimum standards of physical fitness.

11 JUL 11

b. The Physical Readiness Program Operating Guide is the official Physical Readiness Program supplement guide to the this instruction and will be referred to as the Operating Guide throughout this instruction. All information contained within the guide is available for download on the Physical Readiness Program Web site:

<http://www.public.navy.mil/bupers-npc/support/physical/Pages/default2.aspx>.

The Operating Guide is divided into three sections:

(1) Physical Readiness Program "How To" Guide;

(2) Command Fitness and Fitness Enhancement Program (FEP) Guide; and

(3) Physical Readiness Program Nutrition Resource Guide.

4. Discussion. It has become increasingly important for all Navy personnel to maintain a minimum prescribed level of physical fitness necessary for world-wide deployment, whenever or wherever needed. Per reference (b), the Navy utilizes a holistic approach to overall wellness via exercise, nutrition, weight control, tobacco cessation, prevention of alcohol abuse, and health and wellness education. While all of these factors contribute to overall wellness, the primary focus of this instruction is to define the policies and requirements for both maintaining and assessing Navy physical fitness.

5. Policy. All Navy AC and RC personnel shall meet minimum physical fitness standards for continued naval service.

a. Command Physical Training (PT) Program. Commanding officers (COs) are responsible and accountable for the physical fitness of their personnel and shall establish and maintain an effective year-round physical readiness program. Physical fitness shall be integrated into the workweek, consistent with mission and operational requirements. To maintain health and decrease the risk of chronic disease:

(1) Members shall comply with medical screening requirements for participation in all physical training consistent with this instruction.

(2) Members should participate in moderate activity at least:

(a) Two hours and 30 minutes (150 minutes) per week, i.e., 50 minutes three times per week or 75 minutes two times per week; plus

(b) Perform strength training exercises at least twice per week to work all major muscle groups.

(3) Detailed requirements for exercise sessions are located in the command fitness section of the Operating Guide on the Physical Readiness Program Web site:
<http://www.public.navy.mil/bupers-npc/support/physical/Pages/default2.aspx>.

b. Physical Fitness Assessment (PFA). The Navy assesses personal physical fitness via a semi-annual PFA (see enclosure (1)). The PFA includes a medical screen, a body composition assessment (BCA) and physical readiness test (PRT) (see enclosure (1)). The medical screening includes the annual periodic health assessment (PHA), a semi-annual NAVPERS 6110/3 Physical Activity Risk Factor Questionnaire (PARFQ), and pre-physical activity questions (see enclosure (1)). The BCA is based upon height and weight tables and circumference measurements, when required. The PRT is a series of physical events that assess cardio-respiratory fitness, muscular strength, and endurance. Physical fitness standards should be maintained constantly and consistently, not solely at the time of semi-annual testing.

c. Failure to Meet PFA Standards. Meeting minimum PFA standards are a condition of continued naval service. Members with PFA failures will be subject to administrative actions. Members failing to meet BCA or PRT standards shall participate in an FEP. Members failing to meet PFA standards three times in the most recent 4-year period shall be processed for administrative separation (ADSEP) from the Navy.

d. Medical Waiver Management. Members with two consecutive medical waivers or three in a 4-year period shall be referred to the military treatment facility (MTF) for a medical evaluation board (MEB). MEB findings shall be forwarded to Navy Personnel Command (NAVPERSCOM), Career Progression Department (PERS-8) for disposition.

11 JUL 11

6. Actions and Responsibilities

a. Deputy Chief of Naval Operations (Manpower, Personnel, Training and Education (DCNO (MPTE)) (N1) shall:

(1) Develop physical readiness policy and provide oversight.

(2) Manage Physical Readiness Information Management System (PRIMS).

(3) Provide "Train-the-Trainer" courses to certify instructors for the Command Fitness Leader (CFL) course. Provide quality assurance and assistance to Commander, Navy Installations Command (CNIC) for CFL training and certification courses.

(4) Provide direct community management for all PFA-related matters affecting Office of the Chief of Naval Operations (OPNAV), Nuclear Propulsion Management Branch (N133) personnel. All community management and policy decisions affecting Naval Nuclear Propulsion Program personnel must be referred to OPNAV (N133) for review and approval. This includes all administrative separation packages that are submitted per this instruction.

(5) OPNAV, Physical Readiness Program Office (N135F) shall provide program management to include policy oversight, enforcement, standards, and quality assurance for CFL certification, ADSEP waiver processing and waiver compliance, management of CFL curriculum, and accession point training programs.

b. CNIC shall:

(1) Provide fitness staff and facilities for physical fitness training at each installation. Ensure CFL instructors and morale, welfare, and recreation (MWR) fitness staff comply with current policies when assisting with command PT, FEP, and PFA.

(2) Schedule and execute CFL certification courses based on regional requirements.

c. Bureau of Medicine and Surgery (BUMED) shall:

(1) Establish guidelines to ensure consistency of the authorized medical department representative (AMDR) BCA and PRT waiver recommendation process.

(2) Develop and execute a training program for all physicians, nurse practitioners, physician assistants and independent duty corpsman (IDCs) on proper procedures for BCA and PRT medical screening and waivers.

(3) Provide management and oversight of the BUMED approved ShipShape Weight Management Program.

d. Commander, Naval Education and Training Command shall:

(1) Develop and maintain a pre-requisite course for prospective CFLs on Navy Knowledge Online E-Learning.

(2) In coordination with OPNAV (N135F) and CNIC, develop and maintain CFL course curriculum.

(3) Conduct a PFA on all members attending schools greater than 10 weeks in duration.

(4) Ensure all recruits meet or exceed physical readiness standards by completion of recruit training.

(5) Establish a PRIMS account for each recruit and enter final PFA score prior to completion of recruit training.

(6) Ensure compliance with the standardized fitness and nutrition programs, in consultation with OPNAV (N135F).

(7) Establish a physical fitness program at all schools, regardless of duration.

e. Commander, Naval Safety Center shall: Collect and analyze data on Physical Readiness Program injuries and deaths, per reference (c).

f. Commander, Navy Personnel Command (COMNAVPERSCOM) shall:

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(1) Ensure PFA results are incorporated into the promotion, advancement, and reenlistment process.

(2) Ensure compliance with PFA requirements is incorporated into personnel transfer and detailing decisions.

(3) NAVPERSCOM (PERS-8) and NAVPERSCOM, Reserve Personnel Matters (PERS-9) will manage ADSEP processing for all members who have three or more PFA failures in the most recent 4-year period.

(4) Evaluate PFA MEB findings for disposition.

g. Commander, Navy Reserve Forces Command shall:

(1) Ensure all Drilling Reservists, including Voluntary Training Unit members, complete a PFA twice annually.

(2) Ensure reserve unit commanders, COs, officers in charge (OICs) and reserve healthcare professionals assist, advise, and educate command members in implementing the Physical Readiness Program.

(3) Ensure compliance with all Physical Readiness Program reporting requirements.

(4) Establish policy for Drilling Reservists pertaining to timing of PFAs and conduct of FEP.

h. Echelon 3 Commanders shall:

(1) Evaluate command requests for waivers for readiness and approve as appropriate, with consultation from the individual's Bureau of Naval Personnel (BUPERS) Officer Community Manager/Enlisted Community Managers (BUPERS-31/32).

(2) Appoint a collateral duty physical readiness control officer (PRCO) to liaison with OPNAV (N135F) and to provide assistance to subordinate commands on the Physical Readiness Program policy and compliance.

(3) Ensure PFA compliance reporting from PRCO at least semi-annually.

i. Immediate Seniors in Command (ISICs) shall:

(1) Ensure command compliance with Physical Readiness Program policies.

(2) Evaluate and forward recommendations to next higher echelon commander on command requests for waivers for readiness.

j. Commanders, COs, OICs shall:

(1) Comply with and execute all requirements of this instruction, utilizing the Operating Guide and Web site to obtain additional guidance for program operation.

(2) Integrate PT into the workweek, consistent with mission and operational requirements.

(3) Designate (in writing) and maintain one certified CFL to administer the requirements of this instruction and one assistant CFL (ACFL) per 25 command members.

(4) Ensure proper safety precautions are followed during command or unit PT, PFAs and FEP.

(5) Ensure members receive proper medical screening:

(a) To participate in a PFA, members must have a current PHA, NAVPERS 6110/3, and answered "no" to all of the pre-physical activity questions (except question one).

(b) To participate in command or unit PT and FEP, members must have answered "no" to all of the pre-physical activity questions (except question one).

(6) Ensure fitness reports and performance evaluations accurately reflect PFA performance and that all recommendations for promotions and advancements are conducted per the requirements of reference (d).

(7) Ensure counseling of enlisted personnel who fail the PFA is properly documented through issuance of a permanent NAVPERS 1070/613 Administrative Remarks which is properly verified in the Navy Standard Integrated Personnel System

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(NSIPS) and electronically forwarded to NAVPERSCOM via the servicing personnel support detachment or personnel office (PERSUPPDET/PERSOFF). A sample can be found in PRIMS.

(8) Ensure counseling and signatures are completed when issuing a letter of notification (LON) for officer PFA failures. A sample can be found in PRIMS.

(9) Ensure the management of an effective FEP.

(10) Ensure all data for semi-annual PFA are entered into PRIMS within 30 days and all waivers are entered within 14 days of the completion of the command PFA cycle.

(11) Initiate ADSEP processing within 14 days of the third or greater PFA failure in most recent 4-year period for all individuals, per references (e) and (f), unless a waiver of readiness has been approved by the echelon 3 commander.

(12) Ensure compliance with reference (c) reporting requirements for any physical readiness-related injuries or fatalities.

k. CFLs shall:

(1) Meet the following requirements:

(a) E6 or above (preferred);

(b) Non-user of tobacco products;

(c) Overall PRT score of "Excellent" or "Outstanding;"

(d) Be within Navy BCA standards;

(e) Maintain current cardiopulmonary resuscitation (CPR) qualifications; and

(f) Complete OPNAV approved 5-day CFL certification course within 3 months of assignment as CFL.

(2) Conduct the semi-annual PFA per this instruction and the Operating Guide.

(3) Advise chain of command on all Physical Readiness Program matters at least quarterly.

(4) Maintain responsibility and oversight for command PT and FEP as outlined in the command fitness section of the Operating Guide.

(5) Ensure all ACFLs are CPR certified and competent to conduct PRT, BCA, FEP, and command PT. All ACFLs shall be non-smokers and meet the same PFA requirements as the CFL.

(6) Use PRIMS to manage PFA data:

(a) Ensure semi-annual PFA scores are entered within 30 days of the completion of the command PFA cycle.

(b) Ensure all Physical Readiness Program waivers are entered into PRIMS within 14 days.

(c) Verify NSIPS electronic service record (ESR) and the official military personnel file (OMPF) against PRIMS for all newly reported personnel. Ensure written counseling NAVPERS 1070/613 (for enlisted) or LON (for officers) is drafted and submitted to the appropriate chain of command for all personnel with documented PFA failures in PRIMS, but no evidence of written counseling.

1. PHA Status. Inform all members of their PHA status. Ensure members understand the policy which prohibits participation in command or unit PT, PFAs, or FEP if the PHA is not current.

2. Written Counseling. Ensure written counseling (NAVPERS 1070/613 for enlisted) or LON (for officers) is drafted and submitted to the appropriate chain of command for all personnel with documented PFA failures in PRIMS, but no evidence of written counseling in the OMPF.

(d) Ensure PRIMS data is current and accurate for all detaching personnel and select appropriate permanent change of station option.

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(7) Maintain original written documentation (notes and or worksheets, etc.) of official command PFAs and FEP for a period of 5 years and per current personal identifiable information policy.

(a) Ensure all LONs for the first PFA failure are maintained in the CFL records. LONs for the second and third PFA failure shall be forwarded to NAVPERSCOM, Records Management/Policy Branch (PERS-313) for entry into the OMPF.

(b) Forward all Administrative Remarks to PERSUPPDET/PERSOFF for NSIPS ESR verification and submission to the OMPF.

(8) Report all Physical Readiness Program-related injuries to the command safety officer.

(9) Draft letters of correction (LOC) and forward with supporting documentation to OPNAV (N135F) for PRIMS correction within 1 year of error.

1. Individual Members shall:

(1) Participate in a year-round physical fitness program to meet Navy fitness and BCA standards.

(2) Review and verify accuracy of PFA data in PRIMS within 60 days of the PFA cycle.

(3) Maintain an updated annual PHA.

(4) Complete a NAVPERS 6110/3 for every PFA cycle.

(5) Fulfill all FEP requirements in the event of a PFA failure.

7. Records Management. Records created as a result of this instruction, regardless of media and format, shall be managed per Secretary of the Navy (SECNAV) Manual M-5210.1 of November 2007.

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8. Form and Reports

a. The preferred means of preparation of the Administrative Remarks is via the NSIPS ESR or PRIMS. In the event that neither capability is available, NAVPERS 1070/613 Administrative Remarks is available at Naval Forms Online:

<https://navalforms.daps.dla.mil/web/public/forms>. NAVPERS 6110/3 Physical Activity Risk Factor Questionnaire (PARFQ) and, NAVMED 6110/4 Physical Fitness Assessment Medical Clearance/Waiver are also available at the above Web site.

b. Reporting requirements contained in this instruction are exempt from reports control per SECNAV M-5214.1 of December 2005.

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PHYSICAL FITNESS ASSESSMENT (PFA) POLICY GUIDELINES

1. PFA. The PFA consists of a medical screening, BCA, and PRT. To facilitate operational commitments or mission requirements, a command may conduct an official PFA anytime within each Navy PFA cycle providing there is a minimum of 4 months between PFAs and only one per Navy cycle. The command PFA cycle is determined by the CO to include the regular and make-up dates for PFA components.

a. Failing the BCA portion of the PFA is an overall PFA failure.

b. To ensure safety during the PFA process, members that fail the BCA or who are medically waived from the BCA shall not participate in the PRT.

2. CO Authority. The CO has authority over the schedule, conduct, safety, and medical waivers for the PFA.

a. The Physical Readiness Program requires the completion of a 1.5 mile run or walk, the definitive assessment of cardio-respiratory fitness. The CO and or OIC may authorize participation in PFA approved alternative cardio-respiratory events.

b. The CO may waive the PRT component of the official PFA for the entire command based upon deployment and operational ("DEP/OP") commitments. Additional reasons for non-participation are listed in paragraph 6.

c. The CO must request approval from the ISIC to "DEP/OP" BCA for the command.

d. Waiving more than two consecutive PRT cycles for "DEP/OP" for the entire command requires concurrence from the echelon 3 commander via the ISIC.

e. The CO, using "Bad Day" guidelines, may authorize one retest on the PRT portion of the PFA (see enclosure (5)).

f. At the end of each PFA cycle, the CO has authority to determine whether non-participation was authorized or

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unauthorized. All unauthorized non-participation shall be designated as "UA" in PRIMS and scored a PFA failure.

3. PFA Notification. The command shall provide a notification at least 10 weeks in advance of scheduled PFA dates. This notification is intended for the preparations required by the CFL and for medical screening of members. It is not intended as a "preparation window" for individuals. Navy personnel are not exempt from taking the PFA if they did not receive a PFA notification as long as they are medically cleared and acclimatized, per paragraph 6b(2)(b).

4. PFA Participation. Participation in the semi-annual PFA is required for all Active Duty and Drilling Reservists, regardless of gender, age, rank, title, billet, or retirement request status.

a. All members are required to participate in one PFA per cycle. PFA cycles are defined as:

(1) Cycle 1 (1 January through 30 June).

(2) Cycle 2 (1 July through 31 December).

b. PFAs for the current cycle must be completed within the cycle dates. PFAs may not be conducted after the cycle and entered as the previous cycle.

c. See paragraph 6 for authorized non-participation.

d. No member shall participate in the PRT without medical clearance. PRT medical clearance requires:

(1) Periodic Health Assessment (PHA). A PHA is an annual requirement (reference (g)). Members who do not have a current PHA shall not participate in a PRT or physical conditioning.

(2) NAVPERS 6110/3. All personnel shall complete a NAVPERS 6110/3 via PRIMS as soon as possible following the PFA notification.

(3) Pre-physical activity questions. The CFL shall ensure every member is asked the questions prior to participating in the PRT (see paragraph 8).

5. Medical Clearance. Members who respond "yes" to one or more of the pre-physical activity questions (except question one) shall be referred to the AMDR for medical clearance. PFA medical clearance for participation in the PFA will be annotated on a NAVMED 6110/4 Physical Fitness Assessment Medical Clearance/Waiver provided in PRIMS or from the medical department.

a. AMDR Review. Only AMDRs are authorized to make PFA medical recommendations to the CO. AMDRs shall be a physician, adult nurse practitioner, physician assistant, or IDC and shall be appointed in writing.

b. AMDR Recommendation. The AMDR shall review all NAVPERS 6110/3s with "yes" responses and make appropriate recommendations via a NAVMED 6110/4. The medical department will file a copy of the NAVMED 6110/4 in the member's medical record.

c. PFA Medical Waivers. Individuals who receive a BCA or PRT medical waiver for two consecutive PFA cycles or three in the most recent 4-year period shall be referred to the MTF for a medical board (MEDBOARD). The medical board findings shall be referred to NAVPERSCOM (PERS-8) for disposition (enclosures (4) and (5)).

6. Authorized PFA Non-participation. Personnel who fail the PFA, and are subsequently granted a medical waiver for subsequent cycles, remain a PFA failure until completing and passing an official PFA. The following are the only authorized medical and non-medical exceptions for not participating in the PFA:

a. Exceptions for Medical Reasons. Medically waived status does not count as a failure or pass for the PFA and will not be used to count towards such for administrative, promotion, or retention purposes. In all cases, the Service member's CO is the final authority for granting all PFA medical waivers, and all medical waivers shall be recorded in PRIMS and will be filed in the member's medical record consistent with the paragraphs below:

(1) BCA Medical Waivers. Members must address potential medical circumstances affecting accurate measurement prior to the official BCA. After-the-fact BCA waivers are not authorized. BCA waivers may be granted only if the member is in

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approved limited duty (LIMDU) status (ACC 105) for the medical condition prompting the BCA waiver request, and only under the following circumstances:

(a) BCA waivers may be granted in the setting of an inability to obtain an accurate weight (e.g., leg cast) or measurement (e.g., recent surgery on an area directly involved with the measurements used to calculate BCA).

(b) BCA waivers may also be granted if the member has fallen out of BCA standards within the preceding 6 months due to a medical condition or medical therapy which has been newly diagnosed, worsened in severity, or increased in dosage in that 6 month period, which is known to result in weight gain.

(c) The inability to exercise is not a valid reason for a BCA waiver.

(d) All BCA medical waivers will be issued on a NAVMED 6110/4 and will require two signatures:

1. The physician (military or civilian) recommending the waiver; and

2. AMDR physician.

3. If the AMDR is the recommending physician, the AMDRs supervisor's signature is required.

(2) PRT Medical Waivers. AMDRs may make a recommendation to the CO to medically waive all or a portion of the PRT for an individual.

(3) Pregnancy Status. For the purpose of this instruction, pregnancy status is defined from the time pregnancy is confirmed by a military health care provider (HCP) or civilian HCP in cases of inaccessibility to an MTF, until the end of the 6 months following convalescent leave (postpartum):

(a) Pregnant Service women will not be issued medical waivers. "Pregnant Status" will be assigned in PRIMs. PFA results prior to confirmation of pregnancy shall not change.

(b) Pregnancy-status Service women shall not be required to meet BCA and PRT standards.

(c) Per reference (h), pregnant Service women in a pregnancy status shall receive guidance from a physician, adult nurse practitioner, or physician assistant concerning type(s) and duration(s) of activities (e.g., walking, water aerobics, elliptical, stationary bicycling) to maintain appropriate physical conditioning and body composition. Pregnancy-status Service women will not be mandated to participate in command or unit PT or FEP.

(d) AMDRs shall indicate when pregnant Service women, who have been removed from a pregnancy status, can participate in the BCA, PRT, or PT. COs may place personnel removed from a pregnancy status into the FEP to assist those members with preparing for the PFA, provided they are medically cleared.

(e) See reference (h) for policy regarding medical waivers and PFA exemptions for Service women undergoing infertility treatment with in vitro fertilization.

b. Exceptions for Other Reasons. Circumstances exists in which participation in the PFA, as required by this instruction, may not be possible. The CO may waive PRT participation for circumstances. Justification for approved non-participation shall be entered into PRIMIS and will not be considered a PFA failure. A full list of authorized non-participation reasons are listed below:

(1) "DEP/OP." For deployed units where conducting a PRT is impractical, however BCA is still required.

(2) Excused. The reporting senior of the member must submit a PFA non-participation letter to OPNAV (N135F) to designate "excused" non-participation in PRIMIS:

(a) Isolated Duty. For members assigned to non-military organizations such as embassies, "one-of-a-kind" duty such as the Personnel Exchange Program, or a joint command without an available qualified CFL or Service equivalent.

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(b) Acclimatization. No single policy can be developed to fit every circumstance regarding the need for acclimatization of newly-reported personnel. COs are authorized, with AMDRs consultation, to set appropriate acclimatization periods for newly-reported personnel for participation in command or unit PT, PFAs and FEP. In the event the acclimatization period extends into a new PFA cycle, the member shall participate in the BCA and the PRIMS record for the PRT shall reflect "excused."

(3) Individual Augmentee (IA). Due to the nature of IA assignments, IAs may be designated in PRIMS as "IA" participation status if either the BCA, PRT, or both were not completed due to conditions at the deployed location, such as safety or the nature of the assignment. Note: Per NAVADMIN 160/08, an IA is defined as any member in receipt of individual deployment orders issued by NAVPERSCOM, Career Management Department (PERS-4), to include individual augmentee manpower management (IAMM), global war on terrorism support assignments (GSA), overseas contingency operations support assignment (OSA), and mobilized reserve personnel (RC MOB) not mobilized as part of an established commissioned reserve component unit, and health services augment personnel (HSAP). Individuals in such assignments will be treated as newly reported personnel upon return and are expected to meet Navy standards for physical fitness and military appearance.

(4) Temporary Additional Duty. May be used for consecutive schools lasting less than 10 weeks in duration or temporary duty assignment with no means of participating in an official PFA for entire PFA cycle.

(5) Leave. May be used for convalescent leave and emergency leave which extends beyond the command and Navy PFA cycle (not intended for regular or leave in conjunction with permanent changes of station orders).

7. BCA. The BCA portion of the PFA is passed (within BCA standards) when a member is within established Navy body composition assessment standards.

a. BCA Standards. Navy body composition standards are determined by established maximum weight for height standards (enclosure (3)). If an individual exceeds the weight for height

screen, the circumference technique shall be used per the Operating Guide to determine body fat percentage. Individuals who are within standards via the height and weight measurement are exempt from the circumference calculation procedure.

b. PRIMS is the official source to determine the percent fat estimation for men and women. The BCA tables contained in the Physical Readiness Program Operating Guide may be used as an on-site reference. The maximum allowable Navy body fat limits are:

	Age (years)	
	17-39	40-40+
Male	22%	23%
Female	33%	34%

c. COs and officers in charge should specify the required uniform - uniform of the day or Navy physical training uniform - that will be worn during official and unofficial height and weight screening and circumference measurements.

d. Official BCA. An official BCA is a BCA conducted during the command PFA cycle or after the command PFA cycle for members without a PFA record for the current cycle.

(1) One-on-one BCAs are not authorized. A CFL or trained ACFL and trained observer must be present;

(2) Only a designated and certified CFL or trained ACFL can administer the BCA for an official PFA, except as noted below; and

(3) In the event a member is assigned to a joint command without a Navy CO or CFL, the official Navy PFA may be conducted by the CFL-equivalent of the sponsoring Military Service using Navy criteria and procedures. The CFL-equivalent will forward PFA data to OPNAV (N135F) for entry into PRIMS.

e. Unofficial BCA. A check-in or courtesy BCA is a proactive measure to assist members in consistently meeting BCA standards. Check-in and courtesy BCAs shall not be used as an official BCA, unless the measurement occurs after the command PFA cycle and no current PFA record exists.

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f. Non-authorized BCA. For the official PFA, measurements taken by medical department personnel, civilian doctors, MWR fitness staff, or any other person are not authorized and shall not override the BCA taken by the CFL or ACFL.

g. BCA Participation. The BCA shall be accomplished on every member even if the PRT component of the PFA is "DEP/OP." Command-wide "DEP/OP" for BCA must be approved by the ISIC (for individual exemptions, refer to paragraph 6).

h. BCA Scheduling Requirements for AC. The BCA shall be completed within 10 days of, but not less than 24 hours, prior to participation in the PRT.

i. BCA Scheduling Requirements for Drilling Reservists. Drilling Reservists shall strive to comply with the BCA requirements of paragraph 6b, but have up to 31 days from the time they complete the BCA to conduct the PRT. Reservists shall not conduct a BCA less than 24 hours prior to the PRT.

j. Altering BCA measurements. Any attempt by a member to alter their BCA measurements by using body wraps, starvation diets, and sauna suits is prohibited. If temporary altering is detected by the command, the CFL or the ACFL, the member shall be required to wait a minimum of 72 hours before completing the official BCA measurement. Any attempt to influence the BCA measurement through intimidation, coercion, or other means may result in disciplinary action under the Uniform Code of Military Justice.

8. PRT. The PRT is passed when a member scores satisfactory or above in all events.

a. Administration. The PRT shall only be administered by designated and certified CFLs and trained ACFLs. All personnel participating in the PRT shall wear Navy PTU.

b. Participation. Member is medically cleared to participate in the PRT and the BCA is passed.

c. Alternate Cardio Events. The swim, elliptical and bike are alternate cardio events. Participation in an alternative cardio-respiratory event is not an entitlement. The

Operating Guide provides detailed information on the use and testing procedures for the cardio-respiratory alternative events.

d. Scoring. Each PRT event is scored for five levels of performance and assigned points based on performance (enclosure (3)) (points from each event are added together and divided by three to determine the overall score):

- (1) Outstanding: 90 to 100 points;
- (2) Excellent: 75 to 89 points;
- (3) Good: 60 to 74 points;
- (4) Satisfactory: 45 to 59 points; and
- (5) Failure: 44 points or below.

e. Personnel at Increased Elevation. Members permanently assigned to locations at increased elevation shall participate in the PRT per the Operating Guide. Increased elevation is defined as greater than or equal to 5,000 feet above sea level only:

(1) PRT events completed at altitudes of 5,000 feet or higher shall use adjusted tables located in the Operating Guide; and

(2) Other than using adjusted tables, PFA procedures are not modified due to increased elevation nor do COs have any authority to modify other components of the requirements.

f. Pre-physical Activity Questions. Any members with positive responses to any of the below questions (except question one), must be evaluated by an AMDR before participating in the PRT. The CFL will make a determination if further medical evaluation is necessary. The pre-physical activity questions are:

(1) Do you have a current PHA? If no, you may not participate today.

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(2) Do you have chest pain (with or without exertion), bone or joint pain, high blood pressure or high cholesterol? If yes, have you been cleared, by your medical provider, to participate in PT?

(3) Have you had a change in your medical status since the last time you were asked these questions?

(4) Are you ill today or know of any medical condition that may prevent you from participating in physical activity today?

(5) (For PRT Only) Did you answer yes to any NAVPERS 6110/3 questions? If yes, do you have a PFA medical waiver or clearance form on file? If no you may not participate today.

g. PRT Safety Guidelines. Participation in physical activity, even those related to improving health status, pose a risk of injury. Environment and characteristics of participants also contributes to overall injury risk. Members must be informed of these risks and taught how to minimize the possibility of injury:

(1) The CFL is responsible for conducting a safe PRT and shall complete the PFA checklist in the Operating Guide. All events of the PRT shall be performed per the Operating Guide.

(2) One-on-one PRT are not authorized. Every PRT must have a CFL or ACFL and one qualified CPR monitor present per every 25 participants.

(3) All PRTs shall begin with the pre-physical activity questions to determine whether there have been any changes in medical status since completion of the NAVPERS 6110/3.

(4) The CFL or ACFL will lead the participants in a 5 to 10 minute dynamic warm-up. Appropriate exercises are described in the Operating Guide.

(5) All PRT events shall be completed on the same day, and in the following sequence: warm-up, curl-ups, push-ups, cardio-respiratory event (run or walk, swim, elliptical trainer or stationary bike), and cool-down.

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(6) Following completion of the PRT events, the CFL or ACFL shall ensure participants perform recommended cool-down exercises and sign the official PRT score sheet.

9. PFA Status

a. PFA is passed when a member passes both the BCA and the PRT.

b. When the BCA is "passed" and one or more PRT event is medically waived, the overall score of the PFA is "partial pass."

c. When the BCA is "passed" and the entire PRT has been exempt due to an authorized non-participation reason, the overall score of the PFA is "BCA pass."

d. The PFA is a failure when the BCA or any PRT event is failed.

10. Data Reporting. PRIMS is the only approved means of organizing and documenting information including the results of medical screening and waivers. All data for a PFA semi-annual cycle including waivers and justification for non-participation, shall be entered into PRIMS within 30 days of completion of the command's PFA cycle. Data entered must match the cycle in which the PFA was conducted. Each command is responsible for tracking PFA results via PRIMS and taking appropriate administrative action.

a. CFLs have up to 60 days from test date to edit existing PFA records.

b. All AC and RC personnel are responsible for reviewing their PRIMS data within 60 days after each PFA cycle, as it may impact promotion, retention, transfer, or selection status.

11. PRIMS Corrections. Requests to correct PRIMS data must be submitted to OPNAV (N135F) within 1-year of occurrence. The request must be sent via a LOC from the originating command, along with supporting documentation. Examples of required documentation are available on the Physical Readiness Program Web site:

<http://www.public.navy.mil/bupers-npc/support/physical/Pages/default2.aspx>.

11 JUL 11**PHYSICAL FITNESS ASSESSMENT (PFA) FAILURE PROCESS**

1. PFA Failures. A failure of either the BCA or PRT component of the PFA constitutes a PFA failure. In the event a medical waiver is granted for all or part of the PRT, members must still pass the BCA component unless it is also medically waived. Members failing the BCA component for the first time or receiving a new failure in a 4-year period shall be referred to medical for evaluation for clearance to participate in command or unit PT or FEP.

a. "Bad Day." A CO may authorize one retest to pass the PRT portion of the current PFA cycle:

(1) An individual must request a "Bad Day" within 24 hours of completing the PRT. If approved, the retest must be administered within 7 days of the initial PRT failure and within the same PFA cycle for which the "Bad Day" was requested. Drilling Reservists have until the end the following month;

(2) The member must retake all components of the PRT. The "Bad Day" option does not apply to BCA determinations; and

(3) If the individual is approved for a "Bad Day" but does not participate in the retest, becomes "medically waived" before the retest, or transfers to another assignment before the retest, the initial test score is to be entered into PRIMS as the official PFA.

b. PFA Failure Notification. Documentation of written counseling provided any time prior to member acquiring third PFA failure is sufficient notice for all administrative actions specified in this instruction.

(1) Enlisted PFA Failure Notification. COs will provide enlisted personnel failing the PFA a written notification of the failure within 30 days following the completion of the command PFA cycle. Per reference (e), notification shall be in the form of at least one NAVPERS 1070/613.

(2) Officer PFA Failure Notification. COs will provide officers a LON within 30 days following the completion of the command PFA cycle.

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c. Assignment to FEP. FEP is mandatory for any member who fails any portion of the PFA and is available, at the discretion of the CO, to any member who desires to improve their fitness. Participation in FEP shall continue until the member passes the next regularly scheduled command PFA and scores "good" or better in all PRT components

d. Fitness Reports and Performance Evaluations. PFA failures shall be reported in fitness reports and performance evaluations as directed by reference (d).

e. Enlisted Advancements. Enlisted members shall have advancement or frocking deferred if they have failed the most recent official PFA. In the circumstances where a "special PFA" is required for frocking and promotion purposes (i.e., chief petty officer induction), the command shall defer frocking for members that fail to meet Navy PFA standards. Members may participate in monthly FEP PFA to regain eligibility. If not within standards by promotion cycle limiting date, the advancement authority will be withdrawn, per reference (i).

f. Officer Promotions. Officers shall be ineligible for promotion if they have failed the most recent PFA. Reference (j) outlines requirements for a CO to forward notification of failure to delay promotion to NAVPERSCOM, Officer Performance and Separation Branch (PERS-834). Members may regain eligibility by passing the next command directed PFA (i.e., monthly FEP mock PFA) and notification shall again be made to NAVPERSCOM (PERS-834).

g. Reenlistment and Extension. AC members who have three or more PFA failures in the most recent 4-year period shall not be reenlisted or extended. Requests for exceptions to policy for active duty reenlistments or extensions shall be addressed to NAVPERSCOM, Active Enlisted Programs Branch (PERS-811), via the chain of command. Requests for exceptions to reenlistment or extension policy for Reservists should be addressed to NAVPERSCOM, Reserve Enlisted Status Branch (PERS-913), via the chain of command.

h. Transfers. AC and Full Time Support (FTS) personnel who have three or more PFA failures in the most recent 4-year period

shall not transfer to a new permanent duty station and will be retained onboard. This restriction also applies to those who have waivers for readiness.

(1) Requests for exceptions for active duty transfers shall be addressed to NAVPERSCOM (PERS-4) via the chain of command. A template for transfer waiver requests can be found on the Physical Readiness Program Web site:
<http://www.public.navy.mil/bupers-npc/support/physical/Pages/default2.aspx>;

(2) Transfers will continue to be authorized for Drilling Reservists who, due to a change in residence or unit disestablishment, are no longer within reasonable commuting distance from a reserve unit, as defined in reference (k);

(3) Unless the most recent PFA was passed, Drilling Reservists who have failed two consecutive PFAs in the past 3 years shall not be assigned to IAMM assignments;

(4) AC and FTS personnel who have failed the two most recent PFAs consecutively shall not transfer to a new permanent duty station until the member successfully passes a PFA during an official PFA cycle; and

(5) Unless the most recent PFA was passed, AC personnel who have failed two PFAs in the past 3 years shall not be assigned to:

- (a) Overseas billets;
- (b) GSA/OSA;
- (c) IAMM assignments;
- (d) Pre-commissioning billets;
- (e) Recruiting division commander assignments;
- (f) Recruiting duty;
- (g) Equal opportunity advisor assignments;
- (h) Washington DC and Millington staffs;

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(i) Combatant commander staff; or

(j) Instructor duty.

i. Naval Nuclear Propulsion Program. OPNAV (N133) is the single point of contact on all PFA failure policy matters relating to Naval Nuclear Propulsion Program personnel. All community management and policy decisions affecting Naval Nuclear Propulsion Program personnel must be submitted to OPNAV (N133) for review and approval vice NAVPERSCOM (PERS-811). This includes waivers for readiness, ADSEPs, reenlistments and extensions, and transfers.

j. Medical Officers. All community management and policy decisions affecting medical officers must be referred to BUMED, Total Force Directorate (M1) for review and approval.

2. ADSEP. Mandatory separation processing shall occur for all members who fail three PFA cycles in the most recent 4-year period. Refer to reference (e) for enlisted and reference (f) for officer processing requirements.

a. ADSEP for Over 18 Years of Service. Members with over 18 years of service are not exempt from ADSEP. Members with a third PFA failure prior to 30 June 2011 and an approved fleet reserve and retirement date will be allowed to retire (grandfathered in). Those with a third failure subsequent to 30 June 2011 will be processed for ADSEP.

b. RC Personnel. RC personnel who have three or more PFA failures in the most recent 4-year period shall not be transferred to the Inactive Ready Reserve in lieu of ADSEP processing:

(1) This restriction applies to Drilling Reservists and RC personnel who are being released from all types of active duty for operational support orders (temporary active duty recalls, voluntary mobilization and active duty for special work orders) and IAMM assignments; and

(2) Requests for exception to this policy should be addressed to NAVPERSCOM (PERS-9) via the chain of command.

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c. Waiver for Readiness. A waiver for readiness is a waiver of ADSEP processing and is granted for a specific PFA cycle only. The waiver is designed to address the adverse effect on unit, fleet, or community that would result from the loss of a specific individual:

(1) COs must request a waiver for readiness through their ISIC. Echelon 3 (or higher) commanders maintain responsibility for approval and disposition of all waivers for readiness. Command requests must be initiated within 14 days of the end of the command PFA cycle. Approving commanders will consult with the appropriate BUPERS (BUPERS-31/32) before making a final determination on waiver approval.

(2) A waiver for readiness expires at either completion of obligated service, or at the completion of the next PFA cycle (whichever occurs first). If, upon waiver expiration, the member still has three or more PFA failures in the most recent 4-year period, COs shall initiate ADSEP processing per references (e) and (f) or request renewal of the waiver for readiness.

(3) Individuals with waivers for readiness will not be transferred (without transfer waiver), reenlisted, or extended.

(4) A waiver for readiness does not excuse an individual from participation in the PFA nor will it change existing data in PRIMS.

3. Retention Following an ADSEP Board. Individuals retained in the Navy following COMNAVPERSCOM approval of the ADSEP board recommendation are eligible to transfer to billets other than those listed in paragraph 1h(d), however, the individuals will need a transfer waiver from NAVPERSCOM (PERS-4) prior to transfer. Individuals will be referred to an additional ADSEP board if they fail a subsequent PFA and still have three or more PFA failures in the most recent 4-year period.

TABLE 1
PHYSICAL FITNESS ASSESSMENT (PFA) TABLES
MAXIMUM WEIGHT FOR HEIGHT SCREENING TABLE

Men Maximum Weight (pounds)	Member's Height (inches with fractions rounded up to nearest whole inch)	Women Maximum Weight (pounds)
127	57	127
131	58	131
136	59	136
141	60	141
145	61	145
150	62	149
155	63	152
160	64	156
165	65	160
170	66	163
175	67	167
181	68	170
186	69	174
191	70	177
196	71	181
201	72	185
206	73	189
211	74	194
216	75	200
221	76	205
226	77	211
231	78	216
236	79	222
241	80	227

11 JUL 11**TABLE 2****PRT STANDARDS FOR MALES****"Maximum" is the highest number of points attainable for an event.**

Performance Level	Points	Males: Age 17-19 years				
		Curl-ups	Push-ups	1.5-mile run	500-yd swim	450-m swim
"Maximum"	100	109	92	8:15	6:30	6:20
Outstanding	90	102	86	9:00	7:15	7:05
Excellent	75	90	76	9:45	8:30	8:20
Good	60	62	51	11:00	11:15	11:05
Satisfactory	45	50	42	12:30	12:45	12:35
Failure	<45	<50	<42	>12:30	>12:45	>12:35
Males: Age 20-24 years						
"Maximum"	100	105	87	8:30	6:30	6:20
Outstanding	90	98	81	9:15	7:30	7:20
Excellent	75	87	71	10:30	8:45	8:35
Good	60	58	47	12:00	11:30	11:20
Satisfactory	45	46	37	13:30	13:00	12:50
Failure	<45	<46	<37	>13:30	>13:00	>12:50
Males: Age 25-29 years						
"Maximum"	100	101	84	8:55	6:38	6:28
Outstanding	90	95	77	9:38	7:38	7:28
Excellent	75	84	67	10:52	8:53	8:43
Good	60	54	44	12:53	11:38	11:28
Satisfactory	45	43	34	14:00	13:08	12:58
Failure	<45	<43	<34	>14:00	>13:08	>12:58
Males: Age 30-34 years						
"Maximum"	100	98	80	9:20	6:45	6:35
Outstanding	90	92	74	10:00	7:45	7:35
Excellent	75	81	64	11:15	9:00	8:50
Good	60	51	41	13:45	11:45	11:35
Satisfactory	45	40	31	14:30	13:15	13:05
Failure	<45	<40	<31	>14:30	>13:15	>13:05
Males: Age 35-39 years						
"Maximum"	100	95	76	9:25	6:53	6:43
Outstanding	90	88	70	10:08	7:53	7:43
Excellent	75	78	60	11:23	9:08	8:58
Good	60	47	37	14:08	11:53	11:43
Satisfactory	45	37	27	15:00	13:23	13:13
Failure	<45	<37	<27	>15:00	>13:23	>13:13
Males: Age 40-44 years						
"Maximum"	100	92	72	9:30	7:00	6:50
Outstanding	90	85	67	10:15	8:00	7:50
Excellent	75	76	56	11:45	9:15	9:05
Good	60	44	34	14:30	12:00	11:50
Satisfactory	45	35	24	15:30	13:30	13:20
Failure	<45	<35	<24	>15:30	>13:30	>13:20

TABLE 2 (CONT'D)
PRT STANDARDS FOR MALES

"Maximum" is the highest number of points attainable for an event.

Performance Level	Points	Males: Age 45-49 years				
		Curl-ups	Push-ups	1.5-mile run	500-yd swim	450-m swim
"Maximum"	100	88	68	9:33	7:08	6:58
Outstanding	90	81	63	10:30	8:08	7:58
Excellent	75	73	52	12:08	9:23	9:13
Good	60	40	32	14:53	12:08	11:58
Satisfactory	45	31	21	16:08	13:38	13:28
Failure	<45	<31	<21	>16:08	>13:08	>13:28
		Males: Age 50-54 years				
		Curl-ups	Push-ups	1.5-mile run	500-yd swim	450-m swim
"Maximum"	100	85	64	9:35	7:15	7:05
Outstanding	90	78	59	10:45	8:15	8:05
Excellent	75	71	49	12:30	9:30	9:20
Good	60	37	30	15:15	12:15	12:05
Satisfactory	45	29	19	16:45	13:45	13:35
Failure	<45	<29	<19	>16:45	>13:45	>13:35
		Males: Age 55-59 years				
		Curl-ups	Push-ups	1.5-mile run	500-yd swim	450-m swim
"Maximum"	100	81	60	10:42	7:17	7:07
Outstanding	90	74	56	11:25	8:17	8:07
Excellent	75	62	46	13:12	9:47	9:37
Good	60	36	16	16:15	12:33	12:23
Satisfactory	45	26	10	17:09	13:55	13:45
Failure	<45	<26	<10	>17:09	>13:55	>13:45
		Males: Age 60-64 years				
		Curl-ups	Push-ups	1.5-mile run	500-yd swim	450-m swim
"Maximum"	100	75	57	11:21	7:20	7:10
Outstanding	90	70	52	12:04	8:20	8:10
Excellent	75	56	44	13:53	10:05	9:55
Good	60	26	14	17:47	12:50	12:40
Satisfactory	45	20	8	18:52	14:05	13:55
Failure	<45	<20	<8	>18:52	>14:05	>13:55
		Males: Age 65+ years				
		Curl-ups	Push-ups	1.5-mile run	500-yd swim	450-m swim
"Maximum"	100	65	48	11:41	7:25	7:15
Outstanding	90	60	44	12:43	8:25	8:15
Excellent	75	44	36	14:34	10:30	10:20
Good	60	20	10	18:13	13:20	13:10
Satisfactory	45	10	4	20:35	14:15	14:05
Failure	<45	<10	<4	>20:35	>14:15	>14:05

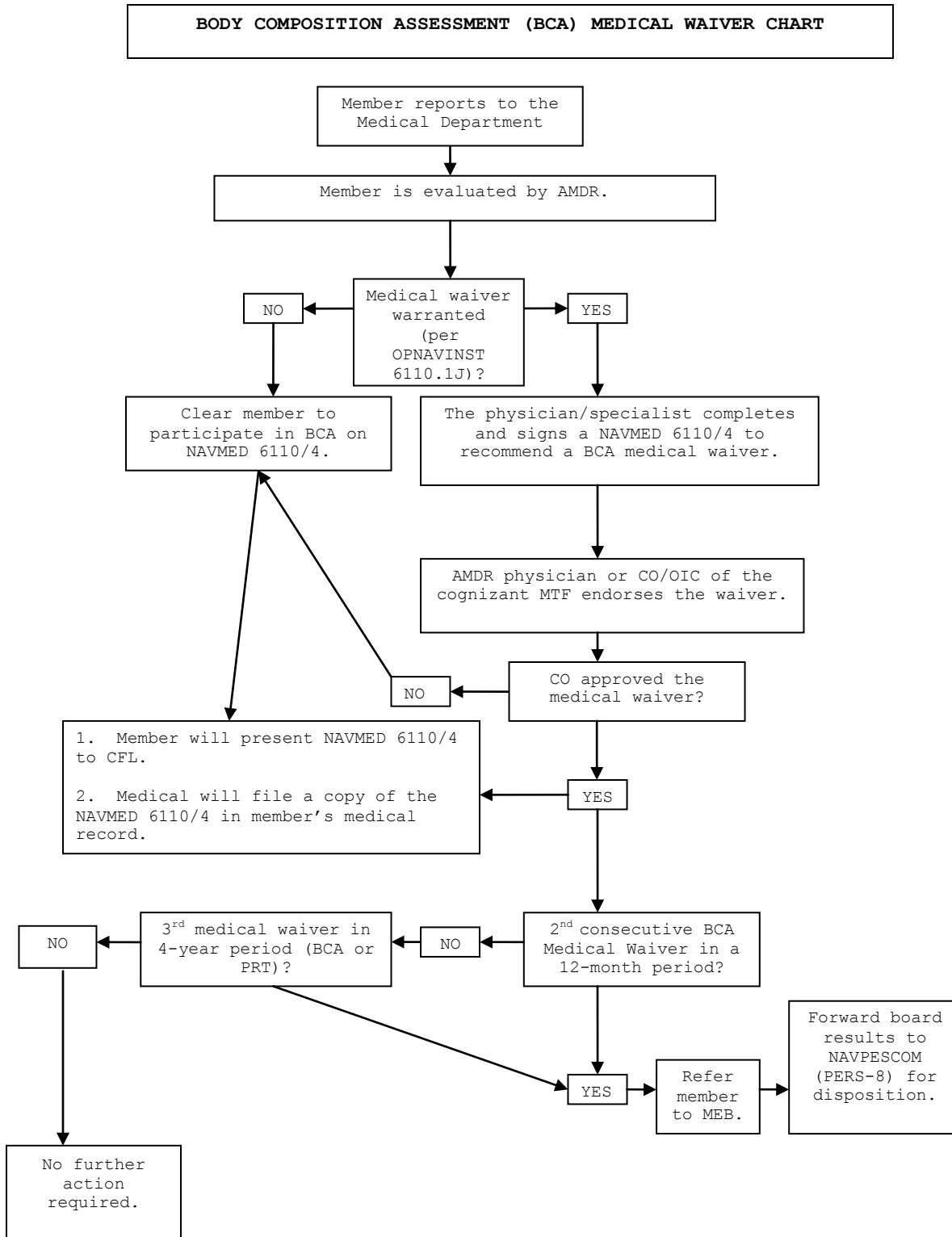
11 JUL 11**TABLE 3****PRT STANDARDS FOR FEMALES****"Maximum" is the highest number of points attainable for an event.**

Performance Level	Points	Females: Age 17-19 years				
		Curl-ups	Push-ups	1.5-mile run	500-yd swim	450-m swim
"Maximum"	100	109	51	9:29	6:45	6:35
Outstanding	90	102	47	11:30	8:30	8:20
Excellent	75	90	42	12:30	9:45	9:35
Good	60	62	24	13:30	13:00	12:50
Satisfactory	45	50	19	15:00	14:15	14:05
Failure	<45	<50	<19	>15:00	>14:15	>14:05
Females: Age 20-24 years						
"Maximum"	100	105	48	9:47	7:15	7:05
Outstanding	90	98	44	11:30	8:45	8:35
Excellent	75	87	39	13:15	10:00	9:50
Good	60	58	21	14:15	13:15	13:05
Satisfactory	45	46	16	15:30	14:30	14:20
Failure	<45	<46	<16	>15:30	>14:30	>14:20
Females: Age 25-29 years						
"Maximum"	100	101	46	10:17	7:23	7:13
Outstanding	90	95	43	11:45	9:00	8:50
Excellent	75	84	37	13:23	10:15	10:05
Good	60	54	19	14:53	13:30	13:20
Satisfactory	45	43	13	16:08	14:45	14:35
Failure	<45	<43	<13	>16:08	>14:45	>14:35
Females: Age 30-34 years						
"Maximum"	100	98	44	10:46	7:30	7:20
Outstanding	90	92	41	12:00	9:15	9:05
Excellent	75	81	35	13:30	10:30	10:20
Good	60	51	17	15:30	13:45	13:35
Satisfactory	45	40	11	16:45	15:00	14:50
Failure	<45	<40	<11	>16:45	>15:00	>14:50
Females: Age 35-39 years						
"Maximum"	100	95	43	10:51	7:45	7:35
Outstanding	90	88	39	12:08	9:30	9:20
Excellent	75	78	34	13:45	10:45	10:35
Good	60	47	14	15:53	14:00	13:50
Satisfactory	45	37	9	17:00	15:15	15:05
Failure	<45	<37	<9	>17:00	>15:15	>15:05
Females: Age 40-44 years						
"Maximum"	100	92	41	10:56	8:00	7:50
Outstanding	90	85	37	12:15	9:45	9:35
Excellent	75	76	32	14:00	11:00	10:50
Good	60	44	12	16:15	14:15	14:05
Satisfactory	45	35	7	17:15	15:30	15:20
Failure	<45	<35	<7	>17:15	>15:30	>15:20

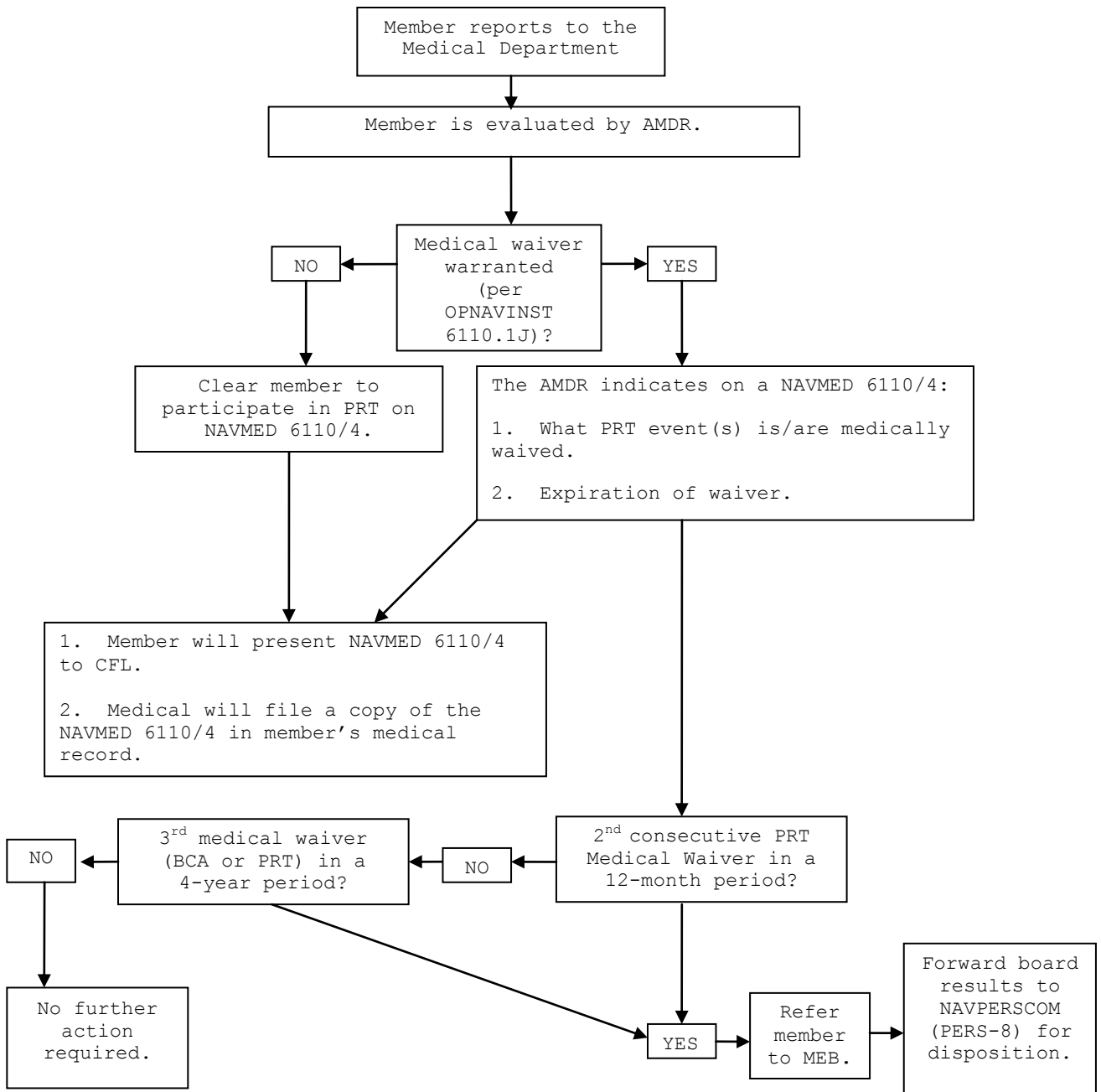
TABLE 3 (CONT'D)
PRT STANDARDS FOR FEMALES

"Maximum" is the highest number of points attainable for an event.

Performance Level	Points	Females: Age 45-49 years				
		Curl-ups	Push-ups	1.5-mile run	500-yd swim	450-m swim
"Maximum"	100	88	40	10:58	8:15	8:05
Outstanding	90	81	35	12:30	9:53	9:43
Excellent	75	73	30	14:08	11:08	10:58
Good	60	40	11	16:30	14:30	14:20
Satisfactory	45	31	5	17:23	15:38	15:28
Failure	<45	<31	<5	>17:23	>15:38	>15:28
Females: Age 50-54 years						
"Maximum"	100	85	38	11:00	8:30	8:20
Outstanding	90	78	33	12:45	10:00	9:50
Excellent	75	71	28	14:15	11:15	11:05
Good	60	37	10	16:45	14:45	14:35
Satisfactory	45	29	2	17:30	15:45	15:35
Failure	<45	<29	<2	>17:30	>15:45	>15:35
Females: Age 55-59 years						
"Maximum"	100	81	30	12:23	8:45	8:35
Outstanding	90	74	26	13:57	10:07	9:57
Excellent	75	62	20	15:20	11:25	11:15
Good	60	36	6	17:48	15:00	14:50
Satisfactory	45	26	2	18:34	16:00	15:50
Failure	<45	<26	<2	>18:34	>16:00	>15:50
Females: Age 60-64 years						
"Maximum"	100	75	26	13:34	9:00	8:50
Outstanding	90	70	22	15:08	10:15	10:05
Excellent	75	56	16	16:25	11:35	11:25
Good	60	26	5	18:51	15:15	15:05
Satisfactory	45	20	2	19:43	16:15	16:05
Failure	<45	<20	<2	>19:43	>16:15	>16:05
Females: Age 65+ years						
"Maximum"	100	65	22	14:45	9:15	9:05
Outstanding	90	60	18	16:19	10:23	10:13
Excellent	75	44	12	17:30	11:50	11:40
Good	60	20	4	19:54	15:30	15:20
Satisfactory	45	10	1	20:52	16:30	16:20
Failure	<45	<10	<1	>20:52	>16:30	>16:20

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*** This diagram depicts the Navy's BCA medical waiver and PFA MEB process. All PFA medical waivers will be issued on a NAVMED 6110/4.**

11 JUL 11**PHYSICAL READINESS TEST (PRT) MEDICAL WAIVER CHART**

*** This diagram depicts the Navy's PRT medical waiver and PFA MEB process. All PFA medical waivers will be issued on a NAVMED 6110/4.**

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ROUTINE

R 101338Z MAY 19

FM CNO WASHINGTON DC

TO NAVADMIN

INFO CNO WASHINGTON DC

BT

UNCLAS

NAVADMIN 108/19

PASS TO OFFICE CODES:

FM CNO WASHINGTON DC//N1//

INFO CNO WASHINGTON DC//N1//

MSGID/GENADMIN/CNO WASHINGTON DC/N1/MAY//

SUBJ/UNIVERSAL TRAINING PRECAUTIONS TO REDUCE THE RISK OF EXERCISE- RELATED COLLAPSE AND DEATH//

REF/A/DOC/OPNAV/11JUL11//

NARR/REF A IS OPNAVINST 6110.1J, PHYSICAL READINESS PROGRAM.//

RMKS/1. This NAVADMIN alerts all personnel of the importance of universal training precautions (UTP) to reduce the risk of exercise- related collapse and death and directs modifications to reference (a), the procedures for conducting the Navy Physical Readiness Test (PRT). Tragically, in the past year, four Sailors have passed away during seemingly normal physical fitness exercise. One loss is too many and it is critical that every Sailor understands the risk factors for exercise-related death and the strategies to minimize those risks. Commanders and key leadership personnel, including Command Fitness Leaders (CFL), must foster an exercise culture that promotes these UTPs, recognizes the early signs of distress and permits prompt termination of exertional activity when clear signs of distress are present.

2. Risk factors associated with exercise-related collapse and death can be personal, environmental or external. Personal risk factors include lack of appropriate environmental or exercise acclimatization, dehydration, recent or current illness, accumulated fatigue, poor baseline conditioning, a predisposing or underlying cardiac condition, exercise-induced asthma, sickle cell trait (SCT), excess body fat (BMI > 30) and prior poor PRT performance. Excessive motivation, is equally important to recognize as a risk factor, as an individual can push to work hard, while ignoring the onset of physical signs and symptoms of distress. Environmental or external risk factors include: exercise at altitude, high ambient

temperature and humidity and dietary supplements containing stimulants to include thermogenic and energy shots or drinks.

3. It is critically important to recognize an emergency during training evolutions, with a timely and accurate response. Some syndromes can result in rapid collapse while others may slowly evolve to an initial conscious collapse. Understanding the syndromes that can lead to exercise-related collapse can assist in guiding treatment.

a. Sudden Cardiac Arrest (SCA). SCA from cardiovascular collapse is generally abrupt with an immediate loss of consciousness, sometimes with brief seizure-like movements. After confirming a lack of responsiveness and absence of a pulse, it is critical to begin high-quality cardiopulmonary resuscitation (CPR), deploy an Automated Electronic Defibrillator (AED) and activate Emergency Medical Services (EMS).

b. Exertional Collapse Associated with SCT (ECAST). An ECAST victim may have been a front runner, or off to a strong start, but will be noted somewhere before the collapse as slowing down, falling behind and struggling. They begin to lose smooth coordination, they evolve into an awkward running posture and gait, with legs that may look wooden or wobbly. The victim may complain of progressive weakness, pain, cramping or shortness of breath. Distinct from the cramping of exercise associated muscle cramping, in ECAST, there is generally no visible muscle twitching and the muscles do not "lock up." The pain of muscle cramping is generally excruciating, whereas the predominate symptom of ECAST is weakness over pain. The ECAST victim will initially be mentally clear, before the onset of confusion and loss of consciousness.

c. Exertional Heat Stroke. Heat stroke can have a similar progression to ECAST, but the hallmark that defines heat stroke is not only an elevated temperature, but an altered mental status.

d. Continued exertional effort in both ECAST and heat stroke will eventually lead to collapse, that in the absence of prompt intervention can be life threatening.

4. All personnel present during a training evolution or PRT can encourage good performance, but should also be on guard for signs that a participant is struggling and be ready to terminate the evolution. The Navys PRT portion of the Physical Fitness Assessment (PFA) is intended as a measure of long-term health and wellness not of individual athletic prowess. No one should risk their life by pushing through life-threatening conditions during a PRT. At the first sign of distress, conduct an initial evaluation on the participant and determine whether to call EMS for rapid transport to a capable medical facility. Service Members who report signs of distress described above shall seek immediate medical attention and must be evaluated by a medical provider prior to returning to exercise.

5. Effective immediately, commanding officers (CO) and officers-in-charge (OIC) are encouraged to exercise a liberal Bad Day makeup PRT policy for those impacted by any signs of distress, and allow the individual to prioritize health safety over a score by authorizing a Bad Day makeup PRT prior to failing or completing the event. In line with reference (a) enclosure (2), the following guidelines pertain to Sailors who:

a. Do not complete any portion of the PRT, fail or demonstrate any early signs of exercise distress. These Sailors are authorized, at CO or OIC discretion, a Bad Day makeup PRT and are required to be screened by medical. Sailors must be cleared by medical to participate in the Bad Day makeup PRT.

b. Are medically cleared. They must conduct the Bad Day makeup PRT within 7 days from medical clearance, within 45 days of the BCA date and within the current Navy PFA cycle.

c. Participate, but do not complete the Bad Day makeup PRT. They must be screened by medical again, and if medically cleared (no medical waiver), the Sailor will receive a failure for the PRT and will be enrolled in Fitness Enhancement Program (FEP).

d. Participate in the Bad Day makeup PRT. They will have only their final PRT scores entered in PRIMS. CFLs are no longer required to enter initial PRT scores in PRIMS (e.g., 59:59) for Bad Day makeup PRT participation.

6. The following UTP must be applied to all fitness tests or other training evolutions that are expected to require at least moderate exertion (heavy breathing but able to talk in full sentences, sweating within a few minutes of start):

a. Allow acclimatization, outside of the new accession training environment, giving 2 to 4 weeks, to adapt to a warmer environment or higher altitude. The wet bulb globe temperature (WBGT) is the gold standard to measure environmental heat stress at <https://www.hprc-online.org/articles/wet-bulb-globe-temperature-devices-measure-heat-stress>. Commands may rely on heat stress meters to provide WBGT information when available.

b. Ensure progressive and graduated increases in exercise duration and intensity to the greatest extent possible in the training environment.

c. Adhere to current guidelines for hydration, promote water consumption when thirsty and to maintain clear or light-yellow urine color as described at <https://www.hprc-online.org/articles/hydration-basics>.

d. Follow DoD guidelines for rest-work cycles as described at <https://home.army.mil/lee/application/files/3615/3808/9560/H2O-Consumption-Table.pdf>.

e. Prior to and during exercise, avoid stimulants, alcohol, energy shots or drinks, antihistamines, diuretics, pre-workout products, weight loss and performance enhancing supplements.

f. After PFA testing, participants should be observed for no less than 10 minutes post exertion, during an active cool down period.

g. At the early signs of distress, provide prompt medical attention, and when deemed necessary, transfer to an appropriate level of medical care.

7. Our Sailors are expected to maintain a high level of fitness, as part of military readiness. Failure to do so puts the individual and unit at risk. We must all embrace this culture of fitness while still safely applying UTP. To minimize the risk of injury, we should all limit our activity to light exercise the day before a graded event. If a Sailor reports poor conditioning before an event with high exertion, efforts should be made to provide time to acclimate to an appropriate level of exercise before the evolution. A meaningful FEP, as outlined in reference (a), using the recommended spot checks, is intended to do this.

8. All personnel with SCT should review the video in para 13 below. SCT is common, present in 1 per 10-12 African Americans, 1 per 183 Hispanic/Latinos and 1 per 625 Caucasians. Because SCT

disproportionately affects African Americans, any African American who does not know their sickle cell status should engage with medical to determine their status and understand the risk.

9. To ensure safe conduct of physical training:

- a. All CFLs, first responders, corpsmen, recruit division commanders and supervisors should watch the first responder videos listed in para 13 below. CFLs must understand the predisposing conditions that are risk factors for exercise-related injuries.
- b. All medical treatment facility providers should watch the provider video listed in para 13 below.
- c. All PRT evolutions shall be monitored by personnel trained in CPR.
- d. All training evolutions (e.g., command physical training, FEP, Sailor 360, etc) involving at least moderate exercise shall occur within the Emergency Medical Service (base or 911) response area of an ambulance equipped with a defibrillator, oxygen and hydration.
- e. Activities conducting high-risk training involving physical exertion shall incorporate SCA, ECAST and heat stroke signs, symptoms, prevention and response protocol, including UTP, into Core Unique Instructor Training and instructor sustainment programs.

10. ECAST Treatment. Though formal treatment guidelines have not been developed, National Collegiate Athletic Association (NCAA) and National Athletic Training Association (NATA) recommend the following:

- a. Removal from activity upon demonstration of distress
- b. Administer high flow oxygen
- c. Transport to an emergency department in an EMS vehicle (ideally Advanced Life Support capable) with emergency communication to alert providers about the potential of a profound metabolic collapse event.

11. Return to training. Medical providers should follow evidence- based guidelines that exist for rhabdomyolysis and exertional heat injury. Currently, there are no guidelines for SCT-related injury. Generally, the following criteria must be met: the individual should have no symptoms (muscle ache, fatigue, etc) normal organ function as measured by laboratory markers, and a review by a medical professional to include counseling on progressive return to exercise and application of the UTP.

12. Reference (a) and CFL training will be updated to incorporate these risk factors and outline procedures for preparation, intervention and return to exercise. In the interim, and until the Physical Activity Risk Factor Questionnaire can also be updated, CFLs must add SCT as a risk factor to ask PRT participants about prior to beginning each PRT.

13. Videos and other training resources are available on the Uniformed Services University's Consortium for Health and Military Performance (CHAMP) website.

- a. Videos for the warfighter with SCT, first responders, and sickle cell awareness for medical personnel can be found at <https://www.hprc-online.org/articles/sickle-cell-trait-awareness>.

b. Guidance on heat injury prevention and treatment can be found at <https://www.hprc-online.org/articles/heat-illness-prevention-treatment-and-recovery>.

c. Guidance on supplements are available through the Department of Defense Dietary Supplement Resource <https://www.opss.org>.

14. Points of contact:

a. OPNAV N17 Policy: AMCS Eric Anderson, (901)874-2210 or via e-mail at eric.anderson@navy.mil.

b. BUMED: CAPT Marc Franzos, (703) 681-9085 or via email at marc.a.franzos.mil@mail.mil.

15. This message was developed in coordination with the Surgeon General of the Navy, Vice Admiral F. Faison and Bureau of Medicine and Surgery Staff.

16. Released by Vice Admiral R. P. Burke, N1.//

BT

#0001

NNNN

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UNCLASSIFIED
 ROUTINE
 R 211859Z DEC 17
 FM CNO WASHINGTON DC
 TO NAVADMIN
 INFO CNO WASHINGTON DC
 BT
 UNCLAS
 PASS TO OFFICE CODES:
 FM CNO WASHINGTON DC//N1//
 INFO CNO WASHINGTON DC//N1//

NAVADMIN 304/17

MSGID/GENADMIN CNO WASHINGTON DC/N1/DEC//

SUBJ/PHYSICAL READINESS PROGRAM POLICY CHANGE//

REF/A/DOC/OPNAV/11JUL11//
 REF/B/DOC/NAVPERS/22AUG02//
 REF/C/DOC/BUPERS/01MAY15//
 REF/D/DOC/BUPERS/6MAY14//
 REF/E/DOC/SECNAV/26AUG15//
 NARR/REF A IS OPNAVINST 6110.1J, PHYSICAL READINESS PROGRAM.
 REF B IS NAVPERS 15560D, NAVAL MILITARY PERSONNEL MANUAL.
 REF C IS BUPERSINST 1610.10D, NAVY PERFORMANCE EVALUATION SYSTEMS.
 REF D IS BUPERSINST 1430.16F CH-1, ADVANCEMENT MANUAL FOR ENLISTED PERSONNEL IN THE U.S. NAVY AND U.S. NAVY RESERVE.
 REF E IS SECNAVINST 1920.6C CH-5, ADMINISTRATIVE SEPARATION OF OFFICERS.//

RMKS/1. This NAVADMIN announces revised Physical Readiness Program separation policies. Adjustments to Physical Readiness Program policies reflect a continued emphasis to invest in and retain our most important resource, our Sailors. Retention of every capable Sailor is critical to the operational readiness of the Navy. The goal of the Navys physical readiness program is to maintain a minimum prescribed level of fitness necessary for world-wide deployment and to maintain a Sailors long-term health and wellness. Revisions to references (a), (b), and (c) are forthcoming and will be published at a later date.

2. Effective immediately:

a. All commands will discontinue processing members for separation as a result of Physical Fitness Assessment (PFA) failures. Separation orders resulting from PFA failures prior to Soft End of Active Obligated Service (SEAOs) with approved dates after 31 March 2018 are cancelled. Officers with approved separation orders for PFA failure with a directed separation date prior to 1 March 2018 can request their separation orders be cancelled in order to remain in the Navy by contacting PERS-834, subject to Secretary of Navy (SECNAV) approval.

b. MILPERSMAN 1910-170, Separation by Reason of PFA Failure, is cancelled.

3. The following applies to all enlisted members:

a. Enlisted members who:

(1) Fail one PFA will:

(a) Be issued a NAVPERS 1070/613 via Navy Standard Integrated Personnel System (NSIPS) to inform them of the PFA failure.

(b) Be enrolled in the Fitness Enhancement Program (FEP) until passing the next official PFA.

(c) Not be frocked or advanced. Members may regain eligibility

for promotion by passing a command-directed monthly FEP mock PFA. However, they must still remain enrolled in FEP until passing the next official PFA.

(2) Fail two or more consecutive PFAs will continue service until SEAOS. Additionally these members:

(a) Will be ineligible for advancement under reference (a).

(b) Will be ineligible to reenlist or extend under reference (b).

(c) Will receive an adverse report that states Significant Problems on evaluation under reference (c).

(d) Will be detailed as required. Changes to any program that has specific PFA requirements will be announced via revision to its governing instruction.

(e) May regain eligibility for advancement and reenlistment by passing one subsequent official PFA. In line with references (c) and (d), members must obtain the recommendation of their CO for advancement and retention on their most recent evaluation. This may require a special evaluation to restore retention or advancement recommendations after a member passes an official PFA.

b. For those members who currently have approved separation or Fleet Reserve dates as a result of the previous PFA separation policy, the following information and guidelines are provided:

(1) Members who currently have approved separation dates not aligned to their SEAOS on or before 31 March 2018 must contact their chain of command and decide no later than 1 February 2018 whether to cancel their separation/reserve orders and remain on active duty or execute their orders as originally planned. Every effort will be made to retain Sailors who desire to stay Navy.

(2) Enlisted members with SEAOS between 1 January 2018 and 30 June 2018 who are ineligible for retention or cannot submit a Career Waypoints (C-WAY) application due to adverse evaluations as a result of past PFA failure history and desire to stay Navy are authorized an extension to regain eligibility with command endorsement as follows:

(a) Requested extension length should be of sufficient duration to allow for processing of a future special evaluation and application in C-WAY (if applicable), but must not exceed 30 September 2018.

(b) Because this is an exception to policy, this action will not require a C-WAY quota (if applicable).

(c) Once the member successfully passes the official Cycle 1, 2018 PFA, and has retention eligibility restored from the CO, the member can submit their reenlistment/extension request directly to their CO, or Bureau of Naval Personnel (BUPERS) Enlisted Community Manager (BUPERS-32) for enlisted members who must use C-WAY. For Nuclear-trained members, all requests must be submitted via their CO to Deputy Chief of Naval Operations Nuclear Program Manager (OPNAV (N133)). In all cases, the Physical Readiness Information Management Systems (PRIMS) results must show the Cycle 1, 2018 results.

c. Members with approved Fleet Reserve dates on or after 31 July 2018 who pass Cycle 1, 2018 and desire to remain on active duty must first submit a cancellation request no later than 1 May 2018 to Commander, Navy Personnel Command (COMNAVPERSCOM) Enlisted Retirements Office (PERS-836) at the following e-mail address: enlisted_active_duty_retirements@navy.mil. Once received, approval of the Fleet Reserve cancellation request serves as authority to cancel previously issued retirement orders, which are issued by the local supporting personnel office. PERS-836 will forward all approved cancellation requests to COMNAVPERSCOM, Enlisted Assignment Division (PERS-40), and to OPNAV (N133) for all nuclear-trained members.

d. Enlisted personnel affected by this change to PFA separation policy, who desire to stay Navy, must maintain advancement eligibility as outlined in reference (d) to participate in the Navy-Wide Advancement Exam (NWAE). This may require a special evaluation to restore advancement recommendation once the member passes an official PFA.

e. Members who desire to stay Navy:

(1) Who are not in receipt of separation/retirement orders but are within seven months of their Projected Rotation Date (PRD) must contact their detailer who can make a Career Management System Interactive (CMS-ID) application for them in the next CMS-ID cycle.

(2) Who are in their normal 7-12 month negotiation window should submit an application via CMS-ID. Those affected members beyond 12 months from their PRD will follow the normal detailing processes.

4. The following applies to all officers who:

a. Fail one PFA will:

(1) Not be eligible for promotion. Commands are required to delay promotion and inform PERS-833. Members will regain eligibility for promotion by passing the next command-directed monthly FEP mock PFA.

(2) Be issued a Letter of Notification to inform them of the PFA failure.

(3) Be enrolled in the FEP until passing the next official PFA.

b. Fail two or more consecutive PFAs will be submitted to PERS-834 for administrative separation processing under reference (e).

(1) If SECNAV determines the officer is to be separated (or retired), this action will occur at the PRD of the officer or upon the determination of SECNAV, whichever is later.

(2) If an officer passes an official PFA prior to the decision of SECNAV on retention or separation, processing will cease and the member will be retained upon notification to PERS-834. A special fitness Report may be submitted to document the officers satisfactory physical readiness status under reference (c).

(3) Additionally, officers who fail two or more consecutive PFAs will receive an adverse report that states Significant Problems on their fitness report under reference (c).

5. Additional information that applies to all members:

a. Effective 1 January 2018 all PFA failures will reset to zero only for enlisted reenlistment policy and officer administrative separation policy as outlined in paragraphs 3.a and 4. No other records will be changed such as PRIMs, Fitness Reports or Evaluations.

b. All members must have a Body Composition Assessment (BCA) completed within five work days of reporting to a new command. This BCA spot-check will not count as the official BCA for newly reported members during the command PFA cycle, regardless of the status of the official command PFA cycle. Members exceeding Age Adjusted Body Fat Standards (AAS) during spot-checks must be enrolled into Command FEP.

c. FEP enrollment and disenrollment determination: Upon either a BCA spot-check failure or PFA failure, members must participate in FEP until they pass an official PFA and are within AAS.

d. All members who have regained promotion/advancement eligibility are reminded of their ability to communicate in writing to promotion and selection boards as outlined in MILPERSMAN 1420-010 of reference (b) and reference (d).

6. The Nuclear Propulsion Program Manager, OPNAV (N133), will remain the single point of contact on all PFA failure policy matters relating to Naval Nuclear Propulsion Program (NNPP) personnel.

a. Nuclear-trained members may be granted an exception to the criteria of paragraphs 3 and 4 with approval of OPNAV (N133).

b. All recommendations for administrative separation processing for nuclear-trained officers will be submitted to OPNAV (N133) for review and approval.

7. Points of contact. Physical Readiness Program, Mr. Bill Moore at

(901)874-2210 or PRIMS(at)navy.mil. For all other personnel related policies: NAVPERSCOM at 1-866-827-5672 (U-ASK-NPC).

8. Released by Vice Admiral Robert P. Burke, N1.//

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PASS TO OFFICE CODES:

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NAVADMIN 141/17

MSGID/GENADMIN/CNO WASHINGTON DC/N1/JUN//

SUBJ/PHYSICAL READINESS PROGRAM POLICY CHANGES (CORRECTED COPY)//

REF/A/DOC/OPNAV/11JUL11//

REF/B/DOC/NAVPERS/APR17//

NARR/REF A IS OPNAVINST 6110.1J, PHYSICAL READINESS PROGRAM.

REF B IS NAVPERS 15839I, MANUAL OF NAVY OFFICER MANPOWER AND PERSONNEL CLASSIFICATIONS.//

RMKS/1. This NAVADMIN outlines new policies and initiatives to the Physical Readiness Program and continues our efforts to strike a better balance between physical readiness and mission accomplishment while reducing administrative distractions. This correction clarifies that the changes of paragraph 3 are effective immediately.

2. The following changes are effective 1 January 2018:

a. Sailors who pass the body composition assessment (BCA), are within the Navy age-graduated body fat standards, and score an overall excellent low or better (with no single event lower than good low) on the physical readiness test (PRT) will be exempt from participation in the following PRT cycle. The first cycle for which Sailors can be exempt is cycle 2018-1, based upon performance during the cycle 2017-2 PRT. All Sailors, regardless of PRT performance, will still be required to participate in the BCA each cycle.

(1) For cycle 2018-1, Physical Readiness Information Management System (PRIMS) will allow command fitness leaders (CFL) the ability to assign a non-participation status of validated for those Sailors who earn the incentive during cycle 2017-2.

(2) If a Sailor is validated from taking the PRT, but fails the BCA, the Sailor is required to participate in the PRT if medically cleared.

b. Elliptical will no longer be authorized as an alternate cardio device beginning with cycle 2018-1 due to the low number of Sailors (4 percent) who use them during a PRT and the increasing cost to maintain PRT-compliant ellipticals. While the 1.5 mile run/walk remains the service standard,

commanding officers (CO) may authorize the use of approved stationary bikes, treadmill or the swim as alternate cardio. Navy fitness facilities will continue to provide ellipticals for training, but will now be free to modernize equipment.

3. The following change is effective immediately: Based on data from recently completed Navy medical studies and consistent with recent changes to maternity leave policy, post-partum Sailors are now exempt from participating in the physical fitness assessment

(PFA) for 6 months following their maternity leave. This change reflects an increase to the Navy maternity leave policy being increased to 84 days following the birth of a child. After completion of the 6 month period, the Sailor will then be required to participate in the following PFA cycle (i.e., if the pregnancy status ends during cycle 1, Sailors would not be expected to participate in an official command PFA until cycle 2). Pregnant and post-partum Sailors are not required to complete a Physical Activity Risk Factor Questionnaire while in the pregnancy status. Their PFA participation status in PRIMIS should be reflected as pregnant for all stages of the pregnancy and post-partum periods.

4. CFLS must review the operating guides of the Physical Readiness Program for additional information. Additional information can be found on the website: http://www.public.navy.mil/bupers-npc/support/21st_Century_Sailor/physical.

5. Released by Vice Admiral R. P. Burke, N1.//

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MSGID/GENADMIN/CNO WASHINGTON DC/N1/NOV//

SUBJ/INTERIM GUIDANCE FOR SERVICE OF TRANSGENDER NAVY PERSONNEL//

REF/A/DOC/DOD/1JUL16//

REF/B/DOC/SECDEF/30JUN16//

REF/C/MSG/SECNAV WASHINGTON DC/051937ZAUG16//

REF/D/DOC/SECNAV/4NOV16//

REF/E/DOC/BUMED/27SEP16//

REF/F/DOC/COMNAVPERSCOM/7NOV16//

REF/G/DOC/COMNAVRESFOR/5JUN12//

REF/H/DOC/BUPERS/7SEP17//

REF/I/DOC/DOD/24SEP15//

NARR/REF A IS DODI 1300.28, IN-SERVICE TRANSITION FOR TRANSGENDER SERVICE MEMBERS. REF B IS SECDEF DTM 16-005, DIRECTIVE-TYPE MEMORANDUM (DTM) 16-005, MILITARY SERVICE OF TRANSGENDER SERVICE MEMBERS. REF C IS ALNAV 053/16, SERVICE OF TRANSGENDER SAILORS AND MARINES INTERIM GUIDANCE. REF D IS SECNAVINST 1000.11, SERVICE OF TRANSGENDER SAILORS AND MARINES. REF E IS BUMEDNOTE 6000, MEDICAL TREATMENT OF TRANSGENDER SERVICE MEMBERS INTERIM GUIDANCE. REF F IS MILPERSMAN 1000-131, MEMBER GENDER MARKER CHANGE PROCEDURES. REF G IS RESPERSMAN 6000-010, SELECTED RESERVE MEDICAL. REF H IS BUPERSINST 1001.39F, ADMINISTRATIVE PROCEDURES FOR NAVY RESERVISTS. REF I, DODI 1322.22, SERVICE ACADEMIES.//

RMKS/1. The Secretary of Defense announced in references (a) and (b) that the Armed Forces will allow transgender Service Members to serve in the military. Consistent with that announcement and references (c) and (d), this NAVADMIN provides interim guidance for policy, regulations and procedures related to

the service of transgender Navy personnel. This policy applies to all Navy military personnel. Questions on Department of the Navy (DON) transgender civilian personnel shall be referred to the DON Office of Civilian Human Resources and/or the DON Office of the General Counsel, and questions on transgender civilian contractors serving with the Navy should be referred to the Contracting Officers Representative.

2. Service

a. Consistent with references (a) through (d), transgender individuals shall be allowed to serve openly in the Navy. Department of Defense (DoD), DON, and Navy policies applicable to all active component (AC) and reserve component (RC) are premised on the conclusion that transgender persons are fully qualified and are subject to the same standards and procedures as other Service Members with regard to their medical fitness for duty, physical fitness, uniform and grooming standards, deployability, and retention.

b. No otherwise qualified Service Member may be involuntarily separated, discharged, or denied reenlistment or continuation of service solely on the basis of gender identity or an expressed intent to transition gender.

c. A Service Member whose ability to serve is adversely impacted by a medical condition or medical treatment related to gender identity should be treated, for purposes of separation and retention, in a manner consistent with a Service Member whose ability to serve is similarly affected for reasons unrelated to gender identity or gender transition.

3. Timeline

a. 1 October 2016: Military personnel may transition gender as directed in references (a) through (d) and policy herein.

b. 1 November 2016: U.S. Fleet Forces Command (USFF) will commence transgender training. A DoD handbook to help commands and members in understanding the gender transition process will be included with Navy training materials. Details have been announced in separate correspondence in Guidance for Transgender Military Service, Message 1, NAVADMIN 203/16 and in a series of NAVADMINS released by USFF dated 231945Z SEP 16, 042025Z OCT 16, 281725Z OCT16 and 311241Z OCT 16.

c. 31 January 2017: Transgender training for all AC Service Members is complete.

d. 30 April 2017: Transgender training for all RC Service Members is complete.

e. 1 July 2017: Transgender applicants who meet updated accession standards may be accessed into the U.S. Armed Services as directed by reference (b).

4. In-Service Transition

a. A key element of In-Service gender transitions is a commanding officer (CO) approved transition plan, which includes the individual Service Members medical treatment plan (as developed with a military medical provider (MMP)), accounts for the desires of the individual, and considers the operational requirements of the command. Transition medical treatment differs for each individual and may include any or all of the following: behavioral health counseling, cross-sex hormone therapy, surgery, and real-life experience.

b. Starting Gender Transition. Gender transition begins when a Service Member on active duty receives a diagnosis from a MMP indicating that gender transition is medically necessary, develops a medical treatment plan in concert with his or her MMP, coordinates with the responsible Transgender Care Team as directed in reference (e), and requests CO approval of the timing of medical treatment associated with gender transition. The timing of

the medical treatment plan will be incorporated into the Service Members overall gender transition plan developed in coordination with the MMP, the Service Member, and the CO. The CO is the final approval authority for the transition plan. Timing of the various aspects of the medical treatment plan should consider the individuals planned rotation date (PRD), deployment or other operational schedules, and potential impact on major career milestones, whenever possible. Cases evaluated by the MMP as requiring immediate medical treatment should be handled consistent with any other emergent medical situation, of which the outcome may require transfer to a limited duty status and result in an unplanned loss to the command.

c. COs Action on the Request. The CO, informed by the MMPs recommendations, the Navy Service Central Coordination Cell (SCCC), and others, as appropriate, will respond to a gender transition request within a framework that ensures readiness by minimizing impacts to the mission (including deployment, operational, training, exercise schedules, and critical skills availability), as well as to the morale, welfare, and good order and discipline of the command. As directed by reference (a) and this NAVADMIN, the CO will:

(1) Promptly respond to any request for medical care, as identified by the MMP, and ensure that such care is provided consistent with applicable regulations.

(2) Respond to any request for medical treatment or an Exception to Policy (ETP) associated with gender transition, as soon as practicable, but not later than 90 days after receiving a request determined to be complete as directed by reference (a) and this NAVADMIN. A request that, upon review by the CO, is determined to be incomplete, will be returned to the Service Member, with written notice of the deficiencies identified, as soon as practicable, but not later than 30 days after receipt.

(a) For complete medical treatment requests, the CO will include notice of any COs actions taken and provide a written copy to the Service Member and MMP.

(b) In the case of a complete ETP request seeking a service policy waiver under paragraph 4h of this NAVADMIN, the CO will provide a written endorsement with recommendation and route via the first flag officer in the chain of command to Deputy Chief of Naval Operations (Manpower, Personnel, Training and Education (DCNO N1)).

d. Real-Life Experience (RLE). RLE is the phase in the gender transition process during which the individual commences living socially in the gender role consistent with his or her preferred gender. For Service Members, this will normally occur only in an off-duty status, prior to the change of their gender marker in the Navy Personnel Administrative Systems/Defense Enrollment Eligibility Reporting (DEERS) and according to their CO-approved transition plan. Maintaining good order and discipline is expected at all times.

(1) Service Members will be considered to be in an on-duty status at official functions, either on base or off, subject to the discretion of their CO.

(2) The following are examples of situations where RLE may occur, each with its own considerations or restrictions:

(a) Foreign Locations. Commands need to be cognizant of host-nation laws and social norms when considering RLE in an off-duty status in foreign nations. Travel warnings, the State Departments country-specific website, the DoD Foreign Clearance Guide, and any U.S. regional military commander directives should be reviewed and heeded.

(b) Stationed in United States, Shipboard. When a Service Member is onboard ship, they are considered in an on-duty status, even after working hours. As directed by reference (a), RLE takes place away from the working

environment. As part of the approved transition plan, COs may allow for embarkation and debarkation from the ship in RLE attire for Sailors going on liberty to commence after-hours RLE.

(c) Stationed in United States, Shore Based. When a Service Member is stationed at a shore facility, they will execute RLE away from the workplace.

e. Completing Transition. The transition plan is considered complete when the MMP documents that the Service Member has completed the medically-necessary care to achieve stability as outlined in the medical treatment plan, the Service Member obtains appropriate documentation pursuant to section 4f below, the CO provides written permission to change the gender marker in the Navy Personnel Administrative Systems/DEERS, the Service Member submits for the gender marker change, and the gender marker is changed in the Navy Personnel Administrative Systems/DEERS.

f. Documentary Evidence Requirement. Service Members are responsible for obtaining one of the following federal or state legal documents as legal proof of gender change. No documents other than (1) through (3) below are acceptable:

(1) A certified true copy of a State birth certificate reflecting the Service Members preferred gender.

(2) A certified true copy of a court order reflecting the Service Members preferred gender.

(3) A U.S. passport reflecting the Service Members preferred gender.

g. Obtaining the Gender Marker Change in the Navy Personnel Administrative Systems/DEERS. Service Members shall submit the required documentation and the COs written approval, as directed by reference (f), to Navy Personnel Command. Once the gender marker is changed in the Navy Personnel Administrative Systems/DEERS, the Navy will recognize the Service Member in the preferred gender, to include assignment of berthing, and applicability of all standards, to include physical readiness, grooming and uniform regulations, at all times.

h. ETP During Transition. Service Members shall comply with all standards of the gender marker currently in the Navy Personnel Administrative Systems/DEERS. Service Members and COs may request ETP via the first flag officer in the chain of command to DCNO (N1) for any service policy waivers as part of the approved transition plan as directed in references (a) and (d), when it is in the best interest of the individual and as it makes sense for good order and discipline within the command. Examples of ETPs requiring DCNO (N1) approval prior to completion of the gender marker change in the Navy Personnel Administrative Systems/DEERS include: grooming, uniform and appearance standards, change of berthing, head and shower facilities, and urinalysis observation. Physical readiness testing, body composition assessment standards or deployability determinations require medical waivers, not ETPs. COs may contact the SCCC with questions regarding ETPs.

5. Navy Policy

a. All Service Members will continue to treat each other with dignity and respect. There is zero tolerance for harassing, hazing, or bullying in any form.

b. The following policy changes apply now and will be reflected in updates to the listed instructions currently in staffing:

(1) Privacy considerations in berthing and shower facilities are being incorporated into the Standard Organization Regulations of the U.S. Navy, OPNAVINST 3120.32D:

(a) Berthing

1. COs are expected to implement appropriate policies that ensure privacy protection of individual Sailors out of courtesy to all as the tactical situation allows in order to maintain good order and discipline.

2. No person will sleep fully unclothed. Clothing items considered to be appropriate sleepwear include: undergarments, PT/gym shorts and shirts, pajamas and sweat suits.

3. No person will transit through spaces unclothed. Sailors shall maintain a minimum standard of coverage out of courtesy to all, for personal privacy and to foster good order and discipline.

(b) Crews Heads and Washrooms. No person will transit through spaces unclothed. Sailors shall maintain a minimum standard of coverage out of courtesy to all, for personal privacy and to foster good order and discipline. Clothing items considered to be appropriate include: shirt, shorts, robe or PT gear. If a robe is worn, appropriate garments shall be worn underneath.

(2) Navy Alcohol and Drug Abuse Prevention and Control Program, OPNAVINST 5350.4D, requires that all Service Members be subject to urinalysis and that an observer be of the same gender as the observed Service Member during urinalysis. Language will be incorporated into the updated instruction to adjust for the comfort level of the observer and the Service Member being observed. The integrity of the urinalysis program will be maintained at all times. Service Members are required to adhere to urinalysis policies and procedures when selected to observe. COs shall ensure dignity and respect is maintained for Service Members selected to provide a sample as well as for observers. COs have the discretionary authority to assign observers in order to preserve the dignity and respect of both parties.

(3) Physical Readiness Program, OPNAVINST 6110.1J, delineates fitness standards for male and female Service Members. There are no separate or distinct standards for transgender Service Members. Service Members and MMPs must carefully consider the time required to adjust to new physical fitness assessment (PFA) standards as part of the medical treatment and transition planning process.

(a) Service Members must adhere to applicable fitness program standards commensurate with the gender marker currently reflected in DEERS.

(b) Upon gender marker change in the Navy Personnel Administrative Systems/DEERS, Sailors will be required to meet the PFA standards of their preferred gender.

(c) The MMP may determine if a medical waiver is required/justified for the body composition assessment and PFA during and upon completion of transition, consistent with OPNAVINST 6110.1J.

(4) Military Equal Opportunity Policy, OPNAVINST 5354.1F, is being updated to clarify that discrimination based on gender identity is a form of sex discrimination.

c. Facilities. Service Members will use gender-specific berthing, head, and shower facilities according to the gender reflected in Navy Personnel Administrative Systems/DEERS.

d. Assignments

(1) All Service Members are world-wide assignable as their medical fitness for duty permits. Timing of a transition plan should include consideration of a Sailors PRD and planned deployment/operational requirements. When possible, Service Members will normally attempt to finalize transition during one tour to avoid interrupting medical treatment and having to coordinate a new transition plan at the next command, where operational requirements may be different.

(2) The Navy will detail Service Members in accordance with their gender marker recorded in the Navy Personnel Administrative Systems/DEERS.

(3) Community assignment restrictions will be in accordance with the Navys Bureau of Medicines (BUMED) current assessment of disqualifying medical statuses. Individuals undergoing medical or surgical treatment may be restricted from flight duty and diving operations and the Personnel Reliability Program if medically appropriate. Case specific questions should be discussed with the Navy SCCC medical experts.

e. Security Clearances. Any change in a Service Members status (e.g., marriage, divorce, addition of dependents) is reportable to the command security manager in order to maintain a national security clearance. This includes changes to name and gender. A Standard Form 86 Certification (SF 86C) allows reporting of changes in previously reported information on the Questionnaire for National Security Positions (SF 86).

6. Reserve Component (RC). All DoD and Navy policies regarding accessing and retaining transgender personnel are applicable to both AC and RC Service Members. Full-Time Support personnel will follow the policy and procedures as described in the preceding paragraphs. The following additional guidance applies to Selected Reserves (SELRES).

a. Reporting Requirement. Gender transition begins when a Service Member receives a diagnosis indicating that gender transition is medically necessary. The diagnosis must be reported and submitted along with relevant medical information to their Navy Reserve Activity (NRA) Medical Department Representative, in addition to informing their reserve unit leadership.

b. Manpower Availability Status (MAS) Codes. Once the NRA CO receives a gender transition request, the Service Member initially becomes Temporarily Not Physically Qualified (TNPQ) and the temporarily not physically qualified for mobilization (MPQ) MAS codes will be applied to the Service Member as directed by reference (g). This appropriately identifies the member as having a medical condition and supports documentation of readiness in the same manner as other medical conditions. The Service Members mobilization status will be reviewed monthly to determine whether they are physically qualified for mobilization during their transition. The MPQ MAS code indicates the Service Member is awaiting validation of the diagnosis and treatment plan and precludes mobilization.

c. Medical Diagnosis and Treatment Plan. The medical diagnosis and treatment plan will normally be provided by a civilian medical provider, but must be forwarded for validation to the BUMED Medical Support Cell that services the Navy SCCC. Once the diagnosis is confirmed and medical treatment plan is finalized, a transition plan can be developed. The NRA CO shall coordinate with the Navy Reserve Force Surgeon, the Reserve unit CO, and the Service Member to develop the plan. The NRA CO with administrative responsibility for mobilization readiness is the approval authority for SELRES transition plans.

d. Individual Medical Readiness (IMR). IMR status will be determined on a case-by-case basis as dictated by the transition plan. Generally, the MPQ MAS code will remain in effect until the reserve Service Members transition plan is completed, or if at any time during the transition a medical condition arises to warrant change in medical status. Transitioning Service Members may have periods of ineligibility for participation due to planned medical procedures and in accordance with the approved treatment plan, which shall be treated as directed in references (g) and (h). SELRES serving on active-duty orders (e.g., Active-Duty for Training, Active-Duty for Special Work, mobilization, definite recall) for a finite period will generally be precluded from beginning the gender transition process.

7. Initial Entry Education/Training. As directed in reference (a), a blanket prohibition on gender transition during a Service Members initial

term of service is not permissible. However, gender transitions will often not be sustainable during entry-level training due to the rigorous military requirements and schedule associated with such training.

a. Recruit Training Command. A Service Member is subject to separation in an entry-level status during the period of initial training (defined as 180 days per Enlisted Administrative Separations, DoDI 1332.14) based on a medical condition that impairs the Service Members ability to complete such training.

b. U.S. Naval Academy (USNA) and Reserve Officer Training Corps (ROTC). Midshipmen must continue to meet medical accession standards while at USNA or enrolled in ROTC. If Midshipmen do not maintain the standards for appointment into the U.S. Military Services, a one-year medical leave of absence (MLOA) may be warranted as determined by the Secretary of the Navy. When an MLOA is recommended, a medical record review will determine whether the health-related incapacity or condition presents clear evidence that, following medical treatment, the Midshipman will be able to meet the physical standards for appointment into the Navy within a reasonable period of time. USNA Midshipmen who cannot meet medical accession standards and become medically disqualified may be disenrolled as directed by reference (i). Midshipmen who desire to begin a gender transition while in the ROTC Program or at USNA will be evaluated under the same terms and conditions applicable to Midshipmen in comparable circumstances not related to transgender persons or gender transition. This will be based on a determination there is a medical condition that impairs the individuals ability to complete such training or to access into the Armed Forces. Each situation is unique and will be evaluated based on its individual circumstances.

8. Medical. BUMED issued guidance in reference (e) on the provision of necessary medical care and treatment of transgender Service Members. BUMED established Regional Transgender Care Teams (TGCT) staffed at select military treatment facilities to facilitate the appropriate diagnosis and referral of transgender personnel to necessary specialists, ensuring the most effective treatment plans. TGCT staff will act as consultants and advisors to any military health providers who seek consultation regarding a Service Member seeking transgender related care.

9. Resources

a. COs with questions or concerns may contact the Navy SCCC through Navy 311 at: Navy311(at)navy.mil or (855) 628-9311 or <http://www.navy311.navy.mil>. The SCCC may also be contacted directly via email at: [usn_navy_sccc\(at\)navy.mil](mailto:usn_navy_sccc(at)navy.mil)

b. Service Members who desire to transition or are presently transitioning should work with their medical provider and chain of command before contacting the SCCC.

c. The COs toolkit and additional resources may be found on the Navy Personnel Command web site under http://www.public.navy.mil/bupers-npc/support/21st_Century_Sailor/lgbt/Pages/default.aspx

d. DoD has created a webpage located at http://www.defense.gov/News/Special-Reports/0616_transgender-policy where Service Members can find a copy of the references (a) and (b) and the DoD Handbook. The website also has information to support commands, members, and medical personnel. Through a Common Access Card - enabled link, Service Members and commands may submit questions to the DoD SCCC at <https://ra.sp.pentagon.mil/DoDCCC/sitepages/homepage.aspx>.

10. Marines embarked on Navy Vessels are subject to Navy policy as outlined in this NAVADMIN.

11. This NAVADMIN remains in effect until superseded or cancelled, whichever comes first.

12. Released by Vice Admiral R. P. Burke, N1.//

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ROUTINE
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FM CNO WASHINGTON DC
TO NAVADMIN
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FM CNO WASHINGTON DC//N1//
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NAVADMIN 061/16

MSGID/GENADMIN CNO WASHINGTON DC/N1/MAR//

SUBJ/IMPLEMENTATION OF PHYSICAL READINESS PROGRAM POLICY CHANGES UPDATE #2//

REF/A/MSG/CNO WASHINGTON DC/031159ZAUG15//
REF/B/MSG/CNO WASHINGTON DC/071159ZOCT15//
REF/C/DOC/OPNAV/11JUL11//
REF/D/DOC/DOD/5NOV02//
NARR/REF A IS NAVADMIN 178/15, PHYSICAL READINESS PROGRAM POLICY CHANGES.
REF B IS NAVADMIN 233/15, PHYSICAL READINESS PROGRAM POLICY CHANGES UPDATE 1:
ENLISTED POLICIES (CORRECTED COPY). REF C IS OPNAVINST 6110.1J, PHYSICAL
READINESS PROGRAM. REF D IS DODI 1308.3, DOD PHYSICAL FITNESS AND BODY FAT
PROGRAMS PROCEDURES.//

RMKS/1. This NAVADMIN amplifies and clarifies changes to the Physical Readiness Program as announced in reference (a). Physical Fitness Assessments (PFA) are designed and implemented to assess the health and mission readiness of individual Sailors 365 days a year. The intent of these changes and initiatives is to strike a better balance between physical health and mission accomplishment. The ultimate responsibility for implementing the physical readiness program lies with the commanding officer.

2. The following guidance is only applicable for PFA record corrections, administrative separations and exceptions to policy:

a. Letter of Correction (LOC): LOC signed by the commanding officer (CO) must be submitted with supporting documentation to include the scanned original: Body composition assessment (BCA) score sheet, physical readiness test (PRT) score sheet and Physical Fitness Assessment Medical Clearance/Waiver (NAVMED 6110/4) for each individual Sailor to Navy 21st Century Sailor Office (OPNAV N170), Physical Readiness Information Management System (PRIMS) Manager, (primis@navy.mil) if changes to a PFA record is required.

b. Administrative Separation: Medically-waived, pregnant and deployed/operational statuses during Cycle 2, 2015 did not count as failures or passes for the PRT. These Sailors are to be retained and their most recent PFA failure will carry over effective 1 January 2016.

c. Exception to Policy. Sailors who were not medically cleared to participate in Cycle 2, 2015 PRT and whose Expiration of Active Obligated Service and Soft Expiration of Active Obligated Service expired prior to 1 January 2016 were authorized an exception to policy extension of sufficient duration to allow participation in the Cycle 1, 2016 PFA. Procedures are described in reference (b), paragraph 3a (1).

3. Effective 1 January 2016 (Cycle 1, 2016), the following changes to reference (c) are in effect:

a. BCA Methodology: As outlined in reference (a), the new method for measuring BCA consists of a three-step process. A Sailor who is medically cleared to participate in the PRT must participate regardless of his or her BCA results under any of the three steps discussed below.

(1) Step 1: Apply the current height/weight tables per reference (c). If the Sailor is within height/weight standards, he or she will pass the BCA, steps 2 and 3 will not apply, and no Fitness Enhancement Program (FEP) enrollment is required. If the Sailor does not meet the height/weight standard, proceed to step 2.

(2) Step 2: Apply a single-site abdominal circumference (AC) measurement. The following will provide a brief description of the AC measurement process for the Sailor and the Command Fitness Leader (CFL). The CFL will need to be familiar with the appropriate anatomical sites for tape placement to obtain consistent and accurate measurements. Amplifying information and video can be found on the Navy Personnel Command (NPC) 21st Century Sailor web page http://www.public.navy.mil/bupers-npc/support/21st_Century_Sailor/physical/Pages/default2.aspx.

(a) The CFL will start the measurement on the right side of the Sailor.

(b) The CFL will locate the measurement landmark 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 (mid-axillary line).

(c) If desired, the Sailor may assist the CFL in locating the measurement landmark by resting the right hand on the hip, using rearward facing right thumb to locate the iliac crest. The CFL will determine final horizontal - vertical intersection point for landmark confirmation.

(d) The Sailor will stand on a flat surface with feet no more than shoulder width apart. The head should be upright, looking directly forward with the chin parallel to the floor.

(e) The Sailor may use one hand to initially assist the CFL in anchoring the tape measure to the body, but must remove the hand from the tape measure before the official measurement is recorded.

(f) Measurement will be taken on bare skin. The free hand may be used to hold the shirt out of the way, but no part of the hands or arms may extend above the shoulders.

(g) The Sailor will remain stationary while the CFL conducts the measurement by initially moving around the Sailor to place the tape in a horizontal plane around the abdomen.

(h) The CFL will ensure the 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.

(i) Upon exhale, the CFL will take the measurement at the end of the Sailors normal respiration.

(j) The CFL will take the circumference measurement twice and record each, round each down to the nearest 1/2 inch. If one of the two measurements differs by more than one inch, the CFL will take an additional measurement and compute a mathematical average of the two closest measurements to the nearest 1/2 inch and record this value as the AC measurement.

(k) A Sailor will pass the BCA if AC is less than or equal to 39.0 inches for males and less than or equal to 35.5 inches for females.

(l) If the Sailor is within AC standards, he or she will pass the BCA, step 3 will not apply.

(m) If the Sailor exceeds the AC measurement, proceed to step 3.

(3) Step 3: If the Sailor exceeds the AC measurement screen of step 2, a body circumference measurement must be conducted.

(a) Apply the BC measurement technique to determine body fat percentage per reference (c).

(b) The Sailor will pass the BCA by meeting the Department of Defense (DoD) maximum allowable body fat limit of less than or equal to 26 percent for males or less than or equal to 36 percent for females as outlined in reference (d).

(c) The Sailor will fail the BCA if they do not meet any of the standards employed in steps 1, 2, and 3.

(d) Sailors who fail the BCA must be evaluated by a medical provider, enrolled in the FEP, and provided nutritional counseling.

(e) All Sailors who are medically cleared, regardless of BCA results, must take the PRT.

(f) A BCA failure will constitute an overall PFA failure for the cycle regardless of PRT results.

b. Performance Standard Scoring Tables:

(1) Each PRT event will be scored using five categories (Probationary, Satisfactory, Good, Excellent, and Outstanding).

(2) Each category will have three different levels (high, medium and low) of performance except Satisfactory where only two levels (high and low) will apply.

(3) Probationary is the minimum achievable score, anything below probationary is a failure. Sailors who score probationary in any PRT event will be enrolled in FEP.

(4) The new Performance Standard Scoring Tables are published in reference (c), Operation Guide 5 effective 1 January 2016.

c. CFL Certification and Re-Certification:

(1) CFLs must attend the CFL training course to obtain initial training and certification.

(2) In order to maintain certification, the Navy Enlisted Classification 95PT/Additional Qualification Designator, CFLs must attend a CFL seminar or a CFL certification course at a minimum of every three years to maintain their CFL credentials.

(3) CFLs may obtain more information about CFL seminars and courses at the NPC 21st Century Sailor web page http://www.public.navy.mil/bupers-npc/support/21st_Century_Sailor/physical/Pages/default2.aspx.

(4) CFLs are required to score an overall excellent or above on their PFA in order to obtain/ retain certification. CFLs that elect to participate in an alternate cardio event must score an excellent or better on the cardio event elected.

(5) CFLs are required to maintain one percent below the graduated BCA standards for purposes of certification.

(6) CFL certification course will continue to require all Sailors complete the 1.5 mile run, no alternate cardio options will be provided.

d. FEP: A strong command FEP is key in ensuring that Sailors who exceed DoD maximum BCA standards (26 percent males and 36 percent females), exceed new Navy graduated BCA standards, or Sailors failing any portion of the PRT actively work towards getting back in PFA standards.

(1) All medically cleared Sailors enrolled in FEP will be required to participate in a mock PFA every 30 days.

(2) Failures incurred during a mock PFA will not count as official failures.

(3) A Sailor will be disenrolled from FEP when he or she passes a mock or official PRT and is within the new Navy graduated BCA standards.

(4) CFLs must ensure that appropriate entries are made in PRIMs under the FEP tab for each member who is enrolled in FEP to include pass or fail of the required monthly mock PFA.

(5) Sailors enrolled in FEP due to BCA failure, or exceeding the new graduated BCA standards must also be enrolled in a weight management program or receive nutritional counseling as outlined in reference (c). The Nutrition Resource Guide can be found on the NPC 21st Century Sailor web page http://www.public.navy.mil/bupers-npc/support/21st_Century_Sailor/physical/Pages/default2.aspx. Shipshape, the official Navy weight management program and other weight management programs must focus on nutrition and behavior change. FEP participants should also be engaged with their CFL and Navy Fitness resources to improve their physical exercise regimens. Sailors do not have to fail the PFA or a spot check to participate in FEP or Shipshape. These resources are in place for the benefit of all Sailors and COs are encouraged to promote participation. FEP and Shipshape facilitators should flex program availability to meet the needs of the fleet.

(6) Medical clearance to participate in the PFA: If a member fails BCA and is cleared to participate in the PRT with no medical waivers, then the Physical Activity Risk Factor Questionnaire will serve as medical clearance to participate in the PRT and FEP, and no NAVMED 6110/4 form will be required. If member requires a medical waiver for any portion of the PFA it must be documented on a NAVMED 6110/4.

(7) Medical clearance is not required for Sailors who fail to meet the graduated BCA standards, or for Sailors who fail any portion of the PRT.

e. An authorized medical department representative must follow Bureau of Medicine and Surgery guidelines for waiver recommendation process and complete the required training on proper procedures for BCA and PRT medical screening and waivers.

4. Evaluation Policy

a. No mandated or prohibited trait mark is required in "Military Bearing"/Professionalism for promotability and/or retention for reporting period in which a first PFA failure in a 3-year period occurs.

b. For reporting period in which a member has failed two or more PFAs in the most recent 3-year period,

(1) Enlisted members shall receive:

(a) A grade no greater than 1.0 in "Military Bearing" or Professionalism (CHIEFEVAL block 35 or EVAL block 36).

(b) Marks of "Significant Problems" and "Retention Not Recommended (Eval block 45 and block 47), respectively.

(2) Officers shall receive:

(a) A grade no greater than 1.0 in "Military Bearing" (FITREP block 35).

(b) Mark for promotability shall be Significant Problems.

(3) For Sailors with two PFA failures in most recent 3-year period that have an approved waiver, reporting seniors shall use their discretion when determining "Military Bearing" or "Professionalism" marks for a reporting period in which the member passes two consecutive PFAs. However, the member must still receive a not recommended for reenlistment or retention for that evaluation period and the member remains ineligible for advancement/promotion and for enlisted members ineligible for participation in the advancement exam. In those situations, insert a bullet in the evaluation/fitness report stating why the member is not recommended due to having two or more PFA failures in the most recent 3-year period.

c. Overall score of "outstanding" or "excellent" are not required for assigning 5.0 in Military Bearing or Professionalism.

5. BCA Spot checks. BCA spot checks provide COs an opportunity to make a difference in Sailor health and fitness without administrative/punitive consequences outside of the official command PFA cycle.

a. Spot checks will be conducted at the discretion of the CO and are intended to identify Sailors in need of additional support by assigning them to the FEP program before they become a PFA failure.

b. With only two failures in a 3-year period now resulting in processing for administrative separation, it is important that all hands stay proactive in achieving and maintaining the health and fitness goals of the Navy.

c. It is the responsibility of every Sailor to be within PFA standards at all times. If a Sailor fails a BCA spot check, they will be enrolled in FEP and will actively participate in mock PFAs until they meet the new graduated BCA and PRT standards.

d. COs are not required to conduct a Administrative Remarks (NAVPERS 1070/613) counseling for Sailors who fail BCA spot checks.

e. CFLs must ensure that Sailor progress is accurately reflected in PRIMS for Sailors enrolled in FEP due to spot checks failures.

f. Recommended guidance (not all inclusive or limiting other options) for conducting spot checks include:

(1) Within five days of checking-in to the command (this should be applied to everyone).

(2) Individual returning from extended leave/TAD periods (length of period to be determined by CO).

(3) Unit sweep BCA spot checks as a means to get at risk Sailors into the FEP program.

(4) Incorporate into the Command Division in the Spotlight.

(5) In conjunction with urinalysis on a random basis.

(6) After extended authorized absences for reserve personnel.

(7) Recommendation from CFL.

6. Commander, Navy Recruiting Command new accession BCA policy will follow guidance set forth in reference (b) effective 1 January 2016.

7. Prior to initiating separation processing on any Naval Nuclear Propulsion Program Sailor (to include those who incur the third failure in the past four years prior to 1 December 2015 and those who incur their second failure in the last three years after 1 January 2016), commands are still required to submit separation requests for review and approval to Nuclear Propulsion Programs (OPNAV N133) per reference (c).

8. For questions, please contact the Physical Readiness Program Help Desk at (901) 874-2210/DSN 882 or via e-mail at prisms@navy.mil. Physical Readiness Program policies, operating guides and FAQs can be found on the NPC 21st Century Sailor web page http://www.public.navy.mil/bupers-npc/support/21st_Century_Sailor/physical/Pages/default2.aspx.

9. Released by Vice Admiral W. F. Moran, N1.//

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ROUTINE
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SUBJ/PHYSICAL READINESS PROGRAM POLICY CHANGES//

REF/A/MSG/SECNAV WASHINGTON DC/121505ZJUN15//

REF/B/DOC/OPNAV/11JUL11//

REF/C/DOC/DODI/5NOV02//

NARR/REF A IS ALNAV 050/15, DEPARTMENT OF THE NAVY TALENT MANAGEMENT INITIATIVES. REF B IS OPNAVINST 6110.1J, PHYSICAL READINESS PROGRAM. REF C IS DODINST 1308.3, DOD PHYSICAL FITNESS AND BODY FAT PROGRAMS PROCEDURES.

RMKS/1. This NAVADMIN enumerates changes to the Physical Readiness Program (PRP) as announced in reference (a). Physical Fitness Assessments (PFAs) should be designed and implemented to assess an individual Sailors health and mission readiness. The current PFA model enforces maximum body fat percentages and minimum physical readiness scores, but falls short on evaluating a Sailors overall health, and does not adequately reflect the challenges unique to sea duty and the increasingly technical nature of our jobs. The intent of these changes is to strike a better balance between health and physical readiness.

2. Amplifying instructions for Cycle 2 2015 (1 July 2015 to 31 December 2015): Cycle 2 2015 will continue to be administered in accordance with reference (b) with the following changes:

a. Physical Activity Risk Factor Questionnaire (PARFQ): The PARFQ process is unchanged. All Sailors will complete a PARFQ as outlined in reference (b).

b. Body Composition Assessment (BCA): Changes to the BCA are as follows:

(1) BCA measurements taken in Cycle 2 2015 will be recorded for monitoring purposes only using the current methodology and BCA standards outlined in reference (b).

(2) All BCA data will continue to be recorded in the Physical Readiness Information Management System (PRIMS), regardless of outcome.

(3) BCA measurements exceeding current standards, as outlined in reference (b), during Cycle 2 2015 ONLY will not count as a Physical Fitness Assessment (PFA) failure. Sailors who exceed current standards shall be enrolled in the Fitness Enhancement Program (FEP) and in nutritional counseling.

c. Physical Readiness Test (PRT): The PRT will continue to be administered in accordance with reference (b). PRT failures incurred during Cycle 2 2015 will be documented in PRIMS and count as PFA failures. PRT changes are as follows:

(1) All medically cleared Sailors shall participate in the PRT regardless of BCA outcome.

(2) If a Sailor is not medically cleared to participate in the PRT, this shall be annotated on Medical Waiver Form 6110/4. A Medical Evaluation Board shall be initiated if required in accordance with reference (b).

d. Spot Checks: Commanding officers will conduct PFA spot checks. BCA and PRT failures incurred during a spot check will not count toward administrative separation, but may result in FEP enrollment to ensure success during the next official PFA.

e. Fitness Enhancement Program (FEP): The FEP will continue to be administered in accordance with reference (b) or when commanding officers deem it necessary.

3. Effective 1 January 2016 (Cycle 1 2016), the following changes to reference (b) will go into effect:

a. Physical Activity Risk Factor Questionnaire: An updated PARFQ form will better assist medical providers in assessing a Sailors overall health. Details will be provided via SEPCOR.

b. Body Composition Assessment (BCA) Methodology: The new method for measuring BCA will consist of a three-step process. A Sailor who is medically cleared to participate in the PRT shall do so regardless of his or her BCA results under any of the three steps discussed below.

(1) Step 1: Apply the current height/weight tables per reference (b) to a Sailor. If the Sailor is within height/weight standards, he or she will pass the BCA, steps 2 and 3 will not apply, and he or she will not be required to enroll in FEP. If the Sailor does not meet the height/weight standard, proceed to step 2.

(2) Step 2: Apply a single-site abdominal circumference measurement. Scientific evidence indicates that individuals are at increased risk for health problems such as diabetes, heart disease, and cancer if their abdomen exceeds a certain circumference. Thus, a single-site abdominal circumference measurement will assist in identifying Sailors who are at risk for health problems. A Sailor 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. If the Sailor exceeds the abdominal circumference measurement, proceed to step 3.

(3) Step 3: If the Sailor exceeds the height/weight screen of step 1 and the abdominal circumference measurement screen of step 2, a body circumference measurement shall be conducted. Apply the body circumference measurement technique to determine body fat percentage per reference (b). The Sailor will pass the BCA by meeting the Department of Defense (DoD) maximum allowable body fat limit of less than or equal to 26 percent for males or DoD maximum body fat limit of less than or equal to 36 percent for females outlined in reference (c). The Sailor will fail the BCA only if the Sailor does not meet any of the standards employed in steps 1, 2, or 3 and shall be evaluated by a medical provider, enrolled in FEP, and provided nutritional counseling. All Sailors who are medically cleared, regardless of BCA results, shall take the PRT. A BCA failure will constitute an overall PFA failure for the cycle regardless of PRT results.

c. The Body Circumference Technique currently employed under reference (b) will continue to be used to determine body fat percentage. The new Body Fat Standards will be graduated by age, reflecting a more realistic approach in accordance with DoD guidance, which is consistent with the American Medical Association and American Council on Exercise Standards. This approach will allow more Sailors to participate in the PRT portion of the PFA. New Navy Body Fat Percentage Standards based on a graduated scale that increases with a Sailors age:

(1) Males: 18-21 = 22 percent, 22-29 = 23 percent, 30-39 = 24 percent, 40+ = 26 percent.

(2) Females: 18-21 = 33 percent, 22-29 = 34 percent, 30-39 = 35 percent, 40+ = 36 percent.

Any Sailor who exceeds the Navy's updated graduated body fat standards set forth above shall be enrolled in FEP.

(3) The Physical Readiness Program Operating Guides will be updated and Command Fitness Leaders will be trained on how to accurately conduct the single site abdominal circumference measurement.

(4) In summary, effective 1 January 2016, a Sailor will have three options regarding BCA measurement: height/weight screening, single-site abdominal circumference measurement, and the body circumference measurement.

d. Physical Readiness Test (PRT): The PRT will continue to be administered in accordance with reference (b). All Sailors cleared by their medical providers through the Physical Health Assessment (PHA) and PARFQ processes shall take the PRT, regardless of BCA outcome.

e. Fitness Enhancement Program (FEP): Sailors shall be enrolled in FEP for any of the following reasons:

(1) Exceeding the updated graduated Navy Body Fat Standards; or

(2) Failing any portion of the PRT. Sailors enrolled in FEP due to BCA failure shall also be enrolled in nutritional counseling. All Sailors enrolled in FEP will be required to participate in a mock PFA every 30 days. Failures incurred during a mock PFA will not count as official failures. A Sailor will be disenrolled from FEP when he or she passes the PRT and is within the new Navy BCA standards.

f. PFA Failure Determination for Administrative Separation Processing: Effective 1 January 2016, all PFA (BCA or PRT) failures in the most recent 3-year period will be reset to one failure. A Sailors most recent failure will carry over to Cycle 1 2016. Note: A Cycle 2 2015 BCA failure will not count as a carry-over failure, but a PRT failure incurred in Cycle 2 2015 will count as a carry-over failure.

g. Administrative Separation Policy Guidance:

(1) Effective 1 January 2016, a Sailor who fails two PFA cycles in the most recent 3-year period shall be processed for administrative separation. Failing either the BCA or the PRT will constitute a PFA failure for the cycle in which it is incurred.

(2) Effective immediately, a Sailor subject to an approved or pending administrative separation due to multiple PFA (BCA or PRT) failures, who has not yet been separated, shall be offered the opportunity to be retained. A Sailor who desires to separate from the Navy will continue processing for administrative separation. A Sailor who desires to be retained must notify his or her commanding officer, be medically cleared to participate in the PRT, and pass either a mock or the official PRT before 1 December 2015. All mock PFA data shall be recorded in PRIMS under the FEP tab in each Sailors profile. A Sailor who does not meet present Navy BCA requirements as outlined in reference (b) must be cleared by his or her medical provider to participate in the Cycle 2 2015 PRT.

(a) If the Sailor is not medically cleared to participate in the PRT, this shall be annotated on Medical Waiver Form 6110/4. A Medical Evaluation Board shall be initiated if required in accordance with reference (b). If a Sailor failed the Cycle 1 2015 BCA, the Sailor shall be automatically enrolled in FEP.

(b) During FEP, the Sailor shall participate in a mock PFA every 30 days. The deadline to pass either a mock or the official PRT is 1 December 2015.

(c) If a Sailor does not pass either a mock or the official PRT by 1 December 2015, the failure will be recorded in PRIMS. If a Sailor who was pending administrative separation as of 1 July 2015 does not pass either a mock or the official PRT by 1 December 2015, he or she will continue to be

processed for administrative separation. A Sailor who fails any portion of the PRT during Cycle 2 2015 will incur a failure for the PFA, and the failure will count toward administrative separation. The current Navy administrative separation standard of three failures in the most recent four-year period will continue in effect through 31 December 2015.

(d) Effective 1 January 2016, all PFA failures in the most recent 3-year period will be reset to one failure.

4. Future Planned Changes:

- a. Developing a Navy-wide Registered Dietician (RD) utilization plan;
- b. Enhancing SHIPSHAPE and encouraging approved civilian diet programs;
- c. Establishing Go for Green healthy-eating ashore and at sea;
- d. Providing more support for post-partum Sailors to re-attain or exceed previous fitness goals;
- e. Wearable-fitness device studies to monitor physical output and rest;
- f. Enhance Physical Readiness Test; and
- g. Fitness awards for Sailors who score outstanding.

5. In the long-term, the Navy strives to move away from PFA testing as a calculation of BCA maximums and PRT minimums, to a more realistic measure of health, fitness, and mission readiness. To do this, the Navy will incorporate methods of assessing sleep patterns, activity, nutrition, and genetic risk factors.

6. For questions, please contact the Physical Readiness Program Help Desk at (901) 874-2210/DSN 882 or via e-mail at navyprt@navy.mil. Physical Readiness Program policies, operating guides and FAQs can be found on the NPC 21st Century Sailor web page http://www.npc.navy.mil/bupers-npc/support/21st_Century_Sailor/physical/Pages/default2.aspx.

7. Released by Vice Admiral W. F. Moran, N1.//

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POLICY
CHANGES// REF/A/DOC/OPNAV/11JUN11// REF/B/DOC/OPNAV/12JAN09// NARR/REF A IS
OPNAVINST
6110.1J, PHYSICAL READINESS PROGRAM. REF B IS OPNAVINST 6100.3, DEPLOYMENT
HEALTH
ASSESSMENT (DHA) PROCESS.//

RMKS/1. This NAVADMIN outlines policy changes to ref (a) that are effective
upon the release of this
NAVADMIN.

a. Sailors requiring a deployment health assessment (DHA) in the form of
either a Post Deployment
Health Assessment (PDHA) or a Post Deployment Health Re-assessment (PDHRA),
must be within
assessment periodicity to participate in the PFA.

b. The number of days allowed for Sailors to complete the physical
readiness test (PRT) after the
official body composition assessment (BCA) date is increased from 10 to 45
days.

2. Medical clearance. Per ref (a), paragraph 5b; the PFA includes a medical
screening, BCA, and PRT.

a. Per ref (a), enclosure (1) paragraph 4d, Sailors shall not
participate in the PRT without medical
clearance. New medical screening policy requires all Sailors to maintain a
current PHA, which includes,
when required, a current DHA - either PDHA or PDHRA.
Sailors required to complete a DHA that are not current and those who have
not completed a PHA
within the required periodicity are precluded from participation in the PRT
portion of the PFA. If a PFA
(BCA and PRT) is not completed because of a delinquent PHA or DHA, the
commanding officer (CO) may
assign the member a "UA" status in the Physical Readiness Information
Management System (PRIMS) for
the missed PFA.

b. All personnel are required to complete their Physical Activity Risk
Factor Questionnaire (PARFQ) in
PRIMS as a prerequisite to participate in the PFA. The PARFQ is not valid
unless the PHA and, if required,
the DHA are within the required periodicity.

c. A "yes" response to any question on the current cycle PARFQ other
than question one, requires
medical clearance be documented on the bottom of the PARFQ and certified by
an authorized medical
provider unless a medical waiver is required. If a medical waiver is
required, the waiver must be issued

on the official PFA medical waiver/clearance (NAVMED 6110/4) and approved by the CO prior to the BCA portion of the PFA.

d. A PARFQ is not required if the PRT will not be conducted (i.e. DEP/OP, IA, TAD, etc).

3. Sailors can check the status of their PHA/DHA by logging into BUPERS online at <https://www.bol.navy.mil/> and selecting individual medical readiness status.

4. BCA scheduling requirements. The BCA shall be completed within 45 days of, but not less than 24 hours prior to, participation in the PRT. The official BCA is the first and only BCA taken during the command PFA. If the recorded PRT is not completed within 45 days of the official BCA, the CO may assign a participation status of "UA" for the PRT. This policy applies to both active and reserve Sailors.

5. Above policy updates will be incorporated into the forthcoming revisions of refs (a) and (b).

6. Point of contact is Mr. Bill Moore, Director, Physical Readiness Program, N170 at (901) 874-2210/DSN 882, or via e-mail at navyprt@navy.mil.

7. Released by Vice Admiral W. F. Moran, N1//

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Command Fitness Leader Course Acronyms

A/C – Abdominal Circumference

ACFL – Assistant Command Fitness Leader

ACSM – American College of Sports
Medicine

ADSEP – Administrative Separation

AMDR – Authorized Medical Department
Representative

BCA – Body Composition Assessment

BCNR – Board of Correction of Naval
Records

BUMED – Bureau of Medicine

CFL – Command Fitness Leader

CO – Commanding Officer

ESR – Electronic Service Record

FEP – Fitness Enhancement Program

HCP – Health Care Provider

LIMDU – Limited Duty

LOC – Letter of Correction

LON – Letter of Notification

MRRS – Medical Readiness Reporting System

MTF – Medical Treatment Facility

NAVPERSCOM – Navy Personnel Command

NHRC – Naval Health Research Center

NSIPS – Navy Standard Integrated Personnel
System

OIC – Officer in Charge

OPNAVINST – OPNAV Instruction

PCM – Primary Care Manager

PEB – Physical Evaluation Board

PFA – Physical Fitness Assessment

PHA – Periodic Health Assessment

PPE – Personnel Protective Equipment

PRT – Physical Readiness Test

PTU – Physical Training Uniform

RD – Registered Dietician

QA – Quality Assurance

SITREP – Situation Report

SME – Subject Matter Expert

TOPS – Transaction Online Processing
System

UCMJ – Uniform Code of Military Justice

USNR – United States Navy Reserve

UOD – Uniform of the Day

