



DEPARTMENT OF HEALTH AND HUMAN SERVICES
U.S. PUBLIC HEALTH SERVICE COMMISSIONED CORPS



ANNUAL PHYSICAL FITNESS TEST (APFT) REPORT

All Public Health Service officers must meet basic force readiness standards and successfully complete the Annual Physical Fitness Test (APFT), as per CCI 241.01, *Readiness and Duty Requirements*, and POM 821.65, *Annual Physical Fitness Test (APFT)*.

SECTION I – OFFICER INFORMATION

OFFICER'S NAME (<i>Print Last, First, Middle Initial</i>)	RANK/GRADE	SERNO
<input type="checkbox"/> Tested with another officer (<i>in person/virtual</i>)	DATE TESTED (<i>mm/dd/yyyy</i>)	
<input type="checkbox"/> Tested in person with federal employee non-officer		

SECTION II – ANNUAL PHYSICAL FITNESS TEST

Check the appropriate box in each Category. Refer to POM 821.65, *Annual Physical Fitness Test (APFT)*, Procedures & Instructions for detailed information regarding each exercise category and approved alternative exercises.

CATEGORY A – CARDIORESPIRATORY ENDURANCE (*perform one of the following*)

- | | |
|--|---|
| <input type="checkbox"/> Run (1.5 mi) | (<i>time recorded to the nearest second</i>) |
| <input type="checkbox"/> Swim (450 m) | (<i>time recorded to the nearest second</i>) |
| <input type="checkbox"/> Swim (500 yd.) | (<i>time recorded to the nearest second</i>) |
| <input type="checkbox"/> Elliptical | (<i>calories from machine + offset value</i>) ÷ <i>body weight (lbs.)</i> |
| <input type="checkbox"/> Stationary Bike | (<i>calories from machine + offset value</i>) ÷ <i>body weight (lbs.)</i> |
| <input type="checkbox"/> I have a waiver for this category | |

Category A

Number of points:

Elliptical/bike model:

CATEGORY B – UPPER BODY ENDURANCE

- | | |
|--|---|
| <input type="checkbox"/> Push - ups | (<i>record number completed in 2 minutes</i>) |
| <input type="checkbox"/> I have a waiver for this category | |

Category B

Number of points:

CATEGORY C – CORE ENDURANCE (*perform one of the following*)

- | | |
|--|---|
| <input type="checkbox"/> Plank | (<i>record time in seconds that position is held</i>) |
| <input type="checkbox"/> Side bridge | (<i>record time in seconds that position is held</i>) |
| <input type="checkbox"/> Sit-ups | (<i>record number completed in 2 minutes</i>) |
| <input type="checkbox"/> I have a waiver for this category | |

Category C

Number of points:

CATEGORY D – FLEXIBILITY (*seated toe touch exercise*)

- ☐ Did touch toes (Satisfactory) ☐ Did not touch toes (Unsatisfactory) ☐ I have a waiver for this category

SECTION III – SCORING

Refer to POM 821.65, *Annual Physical Fitness Test (APFT)*, Scoring and Standards for information regarding scoring the APFT.

WORKSHEET

- Total number of points from Category A, B, & C:
- Divide total in line 1 by 3*:
*Officers who have a medical waiver for a category should only divide by the number of categories completed.
- If Category D is unsatisfactory, decrease APFT level by one.

APFT LEVEL (*check box*)

- | | |
|---|--|
| <input type="checkbox"/> Maximum = 100 points | <input type="checkbox"/> Good = 60-74 points |
| <input type="checkbox"/> Outstanding = 90-99 points | <input type="checkbox"/> Satisfactory = 45-59 points |
| <input type="checkbox"/> Excellent = 75-89 points | <input type="checkbox"/> Failure = <45 points |

SECTION IV – VERIFICATION OF RESULTS

TESTING OFFICIAL (<i>Print Last, First, Middle Initial</i>)	SERNO
TESTING OFFICIAL'S SIGNATURE	EMAIL ADDRESS
OFFICER'S SIGNATURE	EMAIL ADDRESS