

WPAFB (AFMC) DIAGNOSTIC TEST FITNESS ASSESSMENT SCORECARD**PRIVACY ACT STATEMENT****AUTHORITY:** 10 U.S.C. 8013 and Executive Order 9397 (SSN).**PURPOSE:** Information is used to positively identify an individual prior to administration of the Air Force Fitness Assessment (FA).**ROUTINE USE:** In addition to those disclosures generally permitted under 5 U.S.C. 552a(b) of the Privacy Act, these records or information contained therein may specifically be disclosed outside the DoD as a routine use pursuant to 5 U.S.C. 552a(b)(3); Blanket Routine Uses applies.**DISCLOSURE:** Failure to provide the requested information will result in non-administration of the Fitness Assessment.☐ I have reviewed the members records and verified that this will be diagnostic test of 3**UNIT FITNESS PROGRAM MNGR:** _____ **DATE:** _____
PRINT SIGNATURE

Rank / Name: _____ Unit: _____ Duty Phone: _____

E-mail: _____ SSN: _____ Age: _____ (years)

Height: _____ (inches) Weight: _____ (lbs) FSQ Date: _____ Test Date: _____

Aerobic Component exemption Y / N Date Start: _____ Date End: _____

Push-up exemption: Y / N Date Start: _____ Date End: _____

Sit-up exemption: Y / N Date Start: _____ Date End: _____

Abdominal circumference exemption: Y / N Date Start: _____ Date End: _____

Component	Measurement / Reps / Time	Score	Minimum Value Met?
Abdominal Circumference (inches)	1: _____ 2: _____ 3: _____ Average: _____		Y / N
Push-ups (reps)			Y / N
Sit-ups (reps)			Y / N
1.5-Mile Run / 2.0-Kilometer Walk (mins:secs)	Time: _____ : _____		Y / N

Total Score: _____ of _____ Category (circle one): Unsatisfactory / Satisfactory / Excellent / Pass / Fail

I acknowledge that this document is being used to execute a Diagnostic Test and failure to pass will not reflect in Air Force Fitness Management System (AFFMS).***Upon completion of the test, and score is used as an official test, the information above will be transcribed on an official AF4446, Fitness Assessment Scorecard, for official records and used to input score by the AFFMS Recorder into AFFMS.******A FA will be deemed official or unofficial prior to the administration of the first component. A FA started as official cannot be change to unofficial (Mock) during administration para 3.1.4. AFI36-2905.*****TEST MEMBER:** _____ **DATE:** _____
SIGNATURE**TEST ADMINISTRATOR:** _____ **DATE:** _____
PRINT SIGNATURE**NOTE: A properly completed Fitness Screening Questionnaire must accompany this scorecard for Diagnostic Testing.**