AIR FORCE FITNESS ASSESSMENT SCORECARD

PRIVACY ACT STATEMENT

AUTHORITY: 10 U.S.C. 8013 and Executive Order 9397 (SSN).
PURPOSE: Information is used to positively identify an individual prior to administration of the Air Force Fitness Assessment (FA).
ROUTINE USE: In addition to those disclosures generally permitted under 5 U.S.C. 552a(b) of the Privacy Act, these records or information

Rank / Name: ____________________________  Unit: ____________________________  Duty Phone: ____________________________
E-mail: ____________________________  SSN: ____________________________  Age: _______ (years)
Height: _______ (inches)  Weight: _______ (lbs)  FSQ Date: __________  Test Date: __________

Acrobic Component exemption:

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

Total Score: _______ of _______  Category (circle one): Unsatisfactory / Satisfactory / Excellent

I acknowledge the above information reflects my performance today. I also understand I may address discrepancies IAW the guidance in AFI 36-2905 on removing FA scores. NOTE: Refusal to sign does not invalidate the test; score will be updated in Air Force Fitness Management System (AFFMS).

TEST MEMBER: ____________________________  SIGNATURE  DATE: _______  
TEST ADMINISTRATOR: ____________________________  SIGNATURE  DATE: _______  
AFFMS RECORDER: PRINT  SIGNATURE  DATE: _______  

☐ I experienced an injury or illness during this FA and will immediately pursue evaluation at the Medical Treatment Facility. I understand this FA will count unless rendered invalid by the Unit Commander within 5 duty days (conclusion of next UTA for non-AGR ARC Airmen). If no request to invalidate this FA is received by the Fitness Assessment Cell (FAC) from the Commander by the 6th duty day (conclusion of FAC Augmentee signature: DATE: _______  
FAC Augmentee (or UFPM if no FAC exists) will only sign above if member checks block indicating presence of illness or injury during test.

☐ I have received and considered the provided medical documentation and render this test invalid due to injury/illness  UNIT COMMANDER: ____________________________  SIGNATURE  DATE: _______  

AF FORM 4446, 20131021

PRIVACY ACT INFORMATION: The information in this form is FOR OFFICIAL USE ONLY. Protect IAW the Privacy Act of 1974.