

Department of Health and Human Services
U.S. Public Health Service Commissioned Corps
PHYSICAL READINESS STANDARDS REPORT

SECTION I

| | | |
|---|---|--|
| OFFICER'S NAME <i>(Please print: Last, First, Middle Initial)</i> <div style="background-color: yellow; height: 20px; width: 100%;"></div> | PHS SERIAL NUMBER <div style="background-color: yellow; height: 20px; width: 100%;"></div> | RANK/GRADE <div style="background-color: yellow; height: 20px; width: 100%;"></div> |
| OFFICER'S SIGNATURE <div style="background-color: yellow; height: 40px; width: 100%;"></div> | | <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE |

SECTION II

| BODY MASS INDEX (BMI) | | Date Recorded <div style="background-color: yellow; height: 20px; width: 100%;"></div> |
|--|--|---|
| Height in Inches <div style="background-color: yellow; height: 20px; width: 100%;"></div> | Weight in Pounds <div style="background-color: yellow; height: 20px; width: 100%;"></div> | BMI <div style="background-color: yellow; height: 20px; width: 100%;"></div> |
| <i>NOTE: Intermediate and Advanced Level only.</i> | | |

| BODY FAT | | Date Measured <div style="background-color: yellow; height: 20px; width: 100%;"></div> |
|--|--|---|
| Height in Inches <div style="background-color: yellow; height: 20px; width: 100%;"></div> | Neck Circumference In Inches <div style="background-color: yellow; height: 20px; width: 100%;"></div> | Body Fat <div style="background-color: yellow; height: 20px; width: 100%;"></div> |
| Waist at Narrowest Point in Inches <div style="background-color: yellow; height: 20px; width: 100%;"></div> | Hips at Widest Point in Inches <i>(Female Officers only)</i> <div style="background-color: yellow; height: 20px; width: 100%;"></div> | |
| <i>NOTE: Intermediate and Advanced Level only.</i> | | |

I certify that the above records are true and correct.

| | |
|---|---|
| MEASURING OFFICIAL <i>(Please print: Last, First, Middle Initial)</i> <div style="background-color: yellow; height: 20px; width: 100%;"></div> | PHS SERIAL NUMBER <div style="background-color: yellow; height: 20px; width: 100%;"></div> |
| MEASURING OFFICIAL'S SIGNATURE <div style="background-color: yellow; height: 40px; width: 100%;"></div> | DATE <div style="background-color: yellow; height: 20px; width: 100%;"></div> |

SECTION III

| ANNUAL PHYSICAL FITNESS TEST | |
|--|--|
| CATEGORY A - CARDIOVASCULAR HEALTH <i>Check box and complete one of the following:</i> <div style="margin-top: 10px;"> <input type="checkbox"/> 1.5 Mile Run <div style="background-color: yellow; width: 100px; display: inline-block;"></div> <i>(time recorded to nearest second)</i> </div> <div style="margin-top: 5px;"> <input type="checkbox"/> 450 Meter Swim <div style="background-color: yellow; width: 100px; display: inline-block;"></div> <i>(time recorded to nearest second)</i> </div> <div style="margin-top: 5px;"> <input type="checkbox"/> 500 Yard Swim <div style="background-color: yellow; width: 100px; display: inline-block;"></div> <i>(time recorded to nearest second)</i> </div> | CATEGORY B - CORE MUSCLE STRENGTH <i>Check box and complete either one of the following:</i> <div style="margin-top: 10px;"> <input type="checkbox"/> Sit-Ups <div style="background-color: yellow; width: 100px; display: inline-block;"></div> <i>(record number of sit-ups in 2 minutes)</i> </div> <div style="margin-top: 5px;"> <input type="checkbox"/> Side-Bridge <div style="background-color: yellow; width: 100px; display: inline-block;"></div> <i>(record time in seconds that position is held)</i> </div> |
| CATEGORY C - UPPER BODY STRENGTH -- Complete the following: | |
| <input type="checkbox"/> Push-Ups <div style="background-color: yellow; width: 100px; display: inline-block;"></div> <i>(record number of push-ups in 2 minutes)</i> | |

I certify that the above records are true and correct.

| | |
|---|---|
| TESTING OFFICIAL <i>(Please print: Last, First, Middle Initial)</i> <div style="background-color: yellow; height: 20px; width: 100%;"></div> | PHS SERIAL NUMBER <div style="background-color: yellow; height: 20px; width: 100%;"></div> |
| TESTING OFFICIAL'S SIGNATURE <div style="background-color: yellow; height: 40px; width: 100%;"></div> | DATE TESTED <div style="background-color: yellow; height: 20px; width: 100%;"></div> |

Submit completed form (with original signatures) to:

Office of Commissioned Corps Support Services
ATTN: Medical Affairs Branch
5600 Fishers Lane, Room 4C-04
Rockville, MD 20857-0001

Officers must also enter results at:

<http://ccrf.hhs.gov>

**INSTRUCTIONS TO
PHYSICAL READINESS STANDARDS REPORT,
FORM PHS-7044**

All active-duty Public Health Service Commissioned Corps officers are required to meet specific standards for the Basic level of force readiness by 1 May 2005, and are required to be screened annually. This report is part of the procedure for determining compliance with Subchapter CC26.1, INSTRUCTION 8, "PHS Readiness Standards," of the Commissioned Corps Personnel Manual.

The officer being measured/tested must complete and sign Section I of this report. The Measuring Official/Testing Official must complete and certify Sections II and III. The officer must submit the completed report (with original signatures) to the address at the bottom of the report **and** enter results at <http://ccrf.hhs.gov>.

PRIVACY ACT STATEMENT

AUTHORITY: 42 U.S.C. 202 et seq, E.O. 9397, and Subchapter CC26.1, INSTRUCTION 8, of the Commissioned Corps Personnel Manual.

PRINCIPAL PURPOSE(S): To obtain data necessary for determining officer's level of Force Readiness.

ROUTINE USE(S): None.

DISCLOSURE: Voluntary; however, refusal to submit information will affect the determination of officer's level of Force Readiness and may impact the officer's promotion potential. Officer's PHS serial number is required for identification purposes.

SYSTEM NOTICE FOR RECORDS SYSTEM: The information provided on this report will become part of record system 09-40-0002, "PHS Commissioned Corps Medical Records," HHS/PSC/HRS.