

PHYSICAL READINESS STANDARDS REPORT

SECTION I

| | | |
|---|-------------------|---|
| OFFICER'S NAME <i>(Please print: Last, First, Middle Initial)</i> | PHS SERIAL NUMBER | RANK/ GRADE |
| OFFICER'S SIGNATURE | | <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE |

SECTION II

| BODY MASS INDEX (BMI) | | Date Recorded |
|--|------------------|---------------|
| Height in Inches | Weight in Pounds | BMI |
| <i>NOTE: Intermediate and Advanced Level only.</i> | | |

| BODY FAT | | Date Measured |
|--|---|-----------------|
| Height in Inches | Neck Circumference In Inches | Body Fat |
| Waist at Narrowest Point in Inches | Hips at Widest Point in Inches <i>(Female Officers only)</i> | |
| <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> | PHS SERIAL NUMBER |
| MEASURING OFFICIAL'S SIGNATURE | DATE |

SECTION III

| ANNUAL PHYSICAL FITNESS TEST | |
|---|---|
| CATEGORY A - CARDIOVASCULAR HEALTH <i>Check box and complete one of the following:</i> | CATEGORY B - CORE MUSCLE STRENGTH <i>Check box and complete either one of the following:</i> |
| <input type="checkbox"/> 1.5 Mile Run _____ <i>(time recorded to nearest second)</i> <input type="checkbox"/> 450 Meter Swim _____ <i>(time recorded to nearest second)</i> <input type="checkbox"/> 500 Yard Swim _____ <i>(time recorded to nearest second)</i> | <input type="checkbox"/> Sit-Ups _____ <i>(record number of sit-ups in 2 minutes)</i> <input type="checkbox"/> Side-Bridge _____ <i>(record time in seconds that position is held)</i> |
| CATEGORY C - UPPER BODY STRENGTH -- Complete the following: | |
| <input type="checkbox"/> Push-Ups _____ <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> | PHS SERIAL NUMBER |
| TESTING OFFICIAL'S SIGNATURE | DATE TESTED |

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|---|--|
| 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: <p style="text-align: center;"><i>http://ccrf.hhs.gov</i></p> |
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**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.