

## APPLICATION FOR AFROTC MEMBERSHIP

(Please read Privacy Act Statement on reverse before completing this form.)

OMB No. 0701-0105  
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## I. GENERAL MILITARY COURSE/PROFESSIONAL OFFICER COURSE/COLLEGE SCHOLARSHIP PROGRAM APPLICANT DATA

NAME (Last, First, Middle Initial)		SOCIAL SECURITY NUMBER		DATE OF BIRTH		GENDER <input type="checkbox"/> FEMALE <input type="checkbox"/> MALE	
ETHNIC GROUP <input type="checkbox"/> ASIAN <input type="checkbox"/> AMERICAN INDIAN OR ALASKAN NATIVE <input type="checkbox"/> HAWAIIAN <input type="checkbox"/> BLACK, NOT OF HISPANIC ORIGIN <input type="checkbox"/> WHITE, NOT OF HISPANIC ORIGIN <input type="checkbox"/> HISPANIC <input type="checkbox"/> DECLINE TO RESPOND							
MARITAL STATUS <input type="checkbox"/> MARRIED <input type="checkbox"/> SINGLE <input type="checkbox"/> DIVORCED				PLACE OF BIRTH (City/State)		NUMBER OF DEPENDENTS	
COLLEGE/UNIVERSITY (Include Student ID Number if different from SSN)				PROJECTED GRADUATION DATE		ACADEMIC MAJOR	
PERMANENT MAILING ADDRESS (Street, City, State, ZIP Code, and Telephone Number and E-mail Address)				IN CASE OF EMERGENCY CONTACT			
				TELEPHONE NUMBER EMERGENCY CONTACT (Include Area Code)			
CURRENT MAILING ADDRESS (Dorm, Room, Telephone Number, Street, City, State, and ZIP Code)				BACKGROUND EXPERIENCE			
				JUNIOR ROTC <input type="checkbox"/> NONE <input type="checkbox"/> 3-YEAR <input type="checkbox"/> 1-YEAR <input type="checkbox"/> 4-YEAR <input type="checkbox"/> 2-YEAR		EAGLE SCOUT YES <input type="checkbox"/> NO <input type="checkbox"/>	
SELECTIVE SERVICE NUMBER (Males Only)				BRANCH OF SERVICE:			
MILITARY SERVICE OF PARENT OR GUARDIAN <input type="checkbox"/> AIR FORCE <input type="checkbox"/> MARINES <input type="checkbox"/> COAST GUARD <input type="checkbox"/> YEARS OF SERVICE <input type="checkbox"/> ARMY <input type="checkbox"/> NAVY <input type="checkbox"/> MERCHANT MARINE				CURRENT STATUS OF PARENT OR GUARDIAN <input type="checkbox"/> CIVILIAN <input type="checkbox"/> RETIRED <input type="checkbox"/> ACTIVE MILITARY DUTY			
Are you now or have you ever been an enlisted or warrant officer of any component of the US armed forces (i.e., Reserve, USN, USAF, USMC, USA, USCG, Merchant Marine)? If yes, complete the rest of this block.							
BRANCH OF SERVICE		FROM (Mo/Yr)		TO (Mo/Yr)		TYPE OF DISCHARGE	
						YEARS REMAINING ON ENLISTMENT	
						HIGHEST GRADE	
ANSWER THE FOLLOWING QUESTIONS (Check the applicable blocks. If yes, explain on reverse.)							YES
1. Have you ever applied for, been enrolled, or on contract in an Officer Training Program of the US Army, USAF, USMC, USCG, USN, Merchant Marine, or preparatory schools? (If yes, indicate in remarks where and when.)							NO
2. Are you now, or have you ever been, a commissioned officer of any component of the armed forces (including Reserve, USAF, USN, USA, USMC, USCG, Merchant Marine)?							
3. Are you now, or have you ever been, an officer of the Health Services and Mental Health Administration?							
4. Are you now, or have you ever been, a member of the National Oceanic Atmospheric Administration?							
5. Are you a U.S. Citizen? If yes, how obtained: <input type="checkbox"/> BIRTH <input type="checkbox"/> NATURALIZED (If a naturalized citizen, or born outside of the U.S. of American parents, submit proof of citizenship. Reference AFROTCI 36-2011.)							
6. Have you ever taken the AFOQT? (If yes, indicate in remarks section where and when.)							
7. Have you ever had a physical for entry into the armed forces, Air Force ROTC, etc.? (If yes, indicate in remarks section where and when.)							
8. Have you ever been denied enlistment into the armed forces?							
9. Do you already have a degree (BA, BS, etc.)?							
10. Are you an AFROTC Scholarship Designee? <input type="checkbox"/> NO <input type="checkbox"/> YES (Check one) <input type="checkbox"/> 4-year <input type="checkbox"/> 3-year							
11. Are you a conscientious objector? (A conscientious objector is defined as: one who has or had a firm, fixed and sincere objection to participation in war in any form or to bearing of arms because of religious training or belief, which includes solely moral or ethical beliefs.)							
12. Are you now or have you ever been affiliated with any organization or movement that seeks to alter our form of government by unconstitutional means, or sympathetically associated with any such organization, movement, or members thereof? (If yes, please describe.)							



**FOR OFFICIAL USE ONLY (When filled in)**

**CERTIFICATION OF INVOLVEMENTS WITH CIVIL, MILITARY OR SCHOOL  
AUTHORITIES/LAW ENFORCEMENT OFFICIALS**

**I. STATEMENT TO THE APPLICANT/CADET**

- A. The Detachment Commander must know if you have ever been arrested, convicted, involved with law enforcement officials or authorities for him/her to determine if you meet the character requirements for membership in Air Force ROTC. It is necessary for you to report any involvement with civil, military, or school authorities/law enforcement officials **regardless of its insignificance**, disposition, or finding on the certification provided below. Include traffic violations and any incidents which resulted in your being judged a juvenile offender. A finding of not guilty or advice by an attorney, court official, or anyone else to consider your record as clear **does not** constitute authority to leave the involvement off of the certification.
- B. In the future, you must report any civil involvements to the Detachment Commander or his/her designated representatives **within 72 hours** following its occurrence. If such incidents occur during a period of leave from the institution (e.g., student teaching or foreign study), attendance at Field Training, or during normal vacation periods, the 72-hour time limit will apply effective with the official date of your return to the institution.
- C. Concealing or failing to report an involvement with civil, military, or school authorities/law enforcement officials, giving false information or claiming subsequent to initial certification that you were unaware of the contents of this document may result in elimination from consideration for membership in the Air Force ROTC program; or, if already a member, may result in your discontinuance from the Air Force ROTC program. The information reported on this certification form will be treated as confidential matter, subject to the provisions of the Privacy Act of 1974 and the Freedom of Information Act.

**CERTIFICATE**

I, \_\_\_\_\_ CERTIFY THAT THE INFORMATION CONTAINED IN THE FOLLOWING CERTIFICATIONS INCLUDES ALL ARRESTS, DETENTIONS, CONVICTIONS, INVOLVEMENTS, ETC., THAT I HAVE HAD WITH CIVIL, MILITARY (INCLUDING ART. 15S), OR SCHOOL AUTHORITIES/LAW ENFORCEMENT OFFICIALS REGARDLESS OF DISPOSITION OR SEEMING INSIGNIFICANCE. THE LISTS ARE COMPLETE AND ACCURATE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

**II. CERTIFICATION I**

TYPE OF INVOLVEMENT / ORIGINAL CITATION	DATE OF INVOLVEMENT	NAME AND ADDRESS OF ARRESTING AUTHORITY/COURT	DISPOSITION/FINDING AND SENTENCE

WERE YOU DETAINED, CONFINED, OR PLACED ON PROBATION FOR ANY OF THE ABOVE? <input type="checkbox"/> YES <input type="checkbox"/> NO	WAS THE USE OF DRUGS OR ALCOHOL CITED? <input type="checkbox"/> YES <input type="checkbox"/> NO	ACTION <input type="checkbox"/> NO ACTION REQUIRED      CORROBORATION REQUESTED _____ <input type="checkbox"/> WAIVER GRANTED      CORROBORATION RECEIVED _____ <input type="checkbox"/> WAIVER DENIED      REQUEST FOR WAIVER FORWARDED TO AFROTC/RRFP _____ <div style="text-align: right;"> <input type="checkbox"/> APPROVED      <input type="checkbox"/> DISAPPROVED                 </div>
SIGNATURE OF CADET		DATE

**REMARKS/COUNSELING**

Cadet has been counseled that his/her conduct will be closely monitored and any future involvements with authorities may result in disenrollment investigation/dismissal. Cadet's initials of acknowledgement: \_\_\_\_\_

SIGNATURE OF AUTHORIZED REPRESENTATIVE	GRADE	DATE
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FOR OFFICIAL USE (When filled in)

<b>III. CERTIFICATION II</b>			
TYPE OF INVOLVEMENT / ORIGINAL CITATION	DATE OF INVOLVEMENT	NAME AND ADDRESS OF ARRESTING AUTHORITY/COURT	DISPOSITION/FINDING AND SENTENCE
WERE YOU DETAINED, CONFINED, OR PLACED ON PROBATION FOR ANY OF THE ABOVE? <input type="checkbox"/> YES <input type="checkbox"/> NO	WAS THE USE OF DRUGS OR ALCOHOL CITED? <input type="checkbox"/> YES <input type="checkbox"/> NO	ACTION <input type="checkbox"/> NO ACTION REQUIRED      CORROBORATION REQUESTED _____ <input type="checkbox"/> WAIVER GRANTED      CORROBORATION RECEIVED _____ <input type="checkbox"/> WAIVER DENIED      REQUEST FOR WAIVER FORWARDED TO AFOTC/RRFP _____ <div style="text-align: right;"><input type="checkbox"/> APPROVED      <input type="checkbox"/> DISAPPROVED</div>	
SIGNATURE OF CADET		DATE	
REMARKS/COUNSELING			
Cadet has been counseled that his/her conduct will be closely monitored and any future involvements with authorities may result in disenrollment investigation/dismissal. Cadet's initials of acknowledgement: _____			
SIGNATURE OF AUTHORIZED REPRESENTATIVE		GRADE	DATE

<b>IV. CERTIFICATION III</b>			
TYPE OF INVOLVEMENT / ORIGINAL CITATION	DATE OF INVOLVEMENT	NAME AND ADDRESS OF ARRESTING AUTHORITY/COURT	DISPOSITION/FINDING AND SENTENCE
WERE YOU DETAINED, CONFINED, OR PLACED ON PROBATION FOR ANY OF THE ABOVE? <input type="checkbox"/> YES <input type="checkbox"/> NO	WAS THE USE OF DRUGS OR ALCOHOL CITED? <input type="checkbox"/> YES <input type="checkbox"/> NO	ACTION <input type="checkbox"/> NO ACTION REQUIRED      CORROBORATION REQUESTED _____ <input type="checkbox"/> WAIVER GRANTED      CORROBORATION RECEIVED _____ <input type="checkbox"/> WAIVER DENIED      REQUEST FOR WAIVER FORWARDED TO AFOTC/RRFP _____ <div style="text-align: right;"><input type="checkbox"/> APPROVED      <input type="checkbox"/> DISAPPROVED</div>	
SIGNATURE OF CADET		DATE	
REMARKS/COUNSELING			
Cadet has been counseled that his/her conduct will be closely monitored and any future involvements with authorities may result in disenrollment investigation/dismissal. Cadet's initials of acknowledgement: _____			
SIGNATURE OF AUTHORIZED REPRESENTATIVE		GRADE	DATE

# USAF DRUG AND ALCOHOL ABUSE CERTIFICATE

## PRIVACY ACT STATEMENT

**AUTHORITY:** Title 10 U.S.C., Chapter 31, Sections 504, 505, 508, 513; Chapter 807, Section 8067; Chapter 833, Section 8258; Chapter 1205, Sec12201, and Executive Order 9397 (SSN), as amended.

**PURPOSE:** To determine enlistment/commissioning eligibility, and process qualified applicants. To determine classification and assignment actions after enlistment or commissioning. All documents are source documents in determining benefits/entitlements.

**ROUTINE USES:** Disclosures generally permitted under 5 U.S.C. 552a(b) of the Privacy Act outside the DoD as a routine use. 'Blanket Routine Uses' apply.

**DISCLOSURE:** Voluntary; however, failure to furnish personal identification information may negate the enlistment/commissioning application.

### SECTION I. DEFINITION OF TERMS

**ADVERSE ADJUDICATION:** An adverse adjudication (*adult or juvenile*) is a finding, decision, sentence, or judgment, other than unconditionally dropped, dismissed, or acquitted. If the adjudicating authority places a condition or restraint that leads to dismissal, dropped charges, or acquittal, the adjudication is adverse. Suspension of sentence, pardon, not processed, or dismissal after compliance with imposed conditions is adverse adjudication.

**AIR FORCE:** Includes active Air Force, Air Force Reserve, Air National Guard, and Air Force Academy.

**ALCOHOL ABUSE:** Alcohol use confirmed by competent medical authority that the individual is emotionally, mentally, or physically dependent on alcohol. NOTE: When not confirmed by medical authority, self-admitted alcohol use that leads to a person's misconduct or unacceptable behavior; to the impairment of work performance, physical or mental health, financial responsibility or personal relationships; must be reported during the medical examination for determination of alcohol abuse.

**DRUG ABUSE:** The illegal, wrongful, or improper use of marijuana, any narcotic substance, hallucinogens, or any illegal drug.

**ILLEGAL DRUGS:** Any drug or narcotic that is habit forming or has a potential for abuse because of its stimulant, depressant, or hallucinogenic effect. Includes, but not limited to: cocaine, crack, hallucinogens, (*to include lysergic acid diethylamide (LSD), phencyclidine (PCP), tetrahydrocannabinol (THC) in non-marijuana form, and others*), opium, morphine, heroin, dilaudid, codeine, Demerol, inhalants (*paint, glue, and others*), amphetamines (*speed*), methamphetamines (*ice*), barbiturates(*downers*) and anabolic steroids.

**MARIJUANA:**Any intoxicating organic or synthetic cannabis or tetrahydrocannabinol (THC) type substance. Organic forms from the hemp plant include marijuana, hashish and all derivatives of cannabis sativa. Synthetically, in the form of an herbal and chemical product which, when consumed mimics the effects of cannabis, includes salviadinorum or salvinorum or any product known under such names as "Spice", "Genie", "DaScents", "Zohia", "K-2", and "KO Knockout 2" or variant thereof by whatsoever name it may be called.

### SECTION II. CERTIFICATION AT TIME OF APPLICATION

**WARNING: YOU MUST BE TOTALLY HONEST IN COMPLETING THIS FORM.** If you are truthful now and are accepted by the Air Force, no punitive action can or will be taken against a civilian applicant as a result of any information you reveal. **HOWEVER, YOU ARE CAUTIONED THAT SHOULD YOU CONCEAL DRUG OR ALCOHOL ABUSE INFORMATION AT THIS TIME, AND IT IS DISCOVERED AFTER YOUR ENTRY INTO THE AIR FORCE, PUNITIVE ACTION MAY BE TAKEN AGAINST YOU BASED UPON THE FALSE INFORMATION YOU HAVE PROVIDED.** Such action includes, but is not limited to, elimination from training or discharge under less than honorable conditions.

#### INITIAL YES/NO BOXES AS APPLICABLE

	YES	NO
I have read and understand the definition of the terms above.		
Have you ever used or experimented with marijuana? ( <i>Prior marijuana use is not disqualifying for enlistment or appointment, unless you are determined to be a chronic user or psychologically dependent, have been convicted or adversely adjudicated for marijuana involvement. Preservice marijuana use may render you ineligible for certain skills.</i> )		
Have you ever experimented with, used, or possessed any illegal drug or narcotic?		
Have you ever been a supplier or distributor of or a trafficker in marijuana, or other illegal drugs or narcotics?		
Have you ever been treated or undergone rehabilitation for drug or alcohol abuse?		
Have you consumed hemp seed oil or any products containing hemp seed oil in the last 45 days?		

### SECTION III. STATEMENTS OF UNDERSTANDING

INITIALS

During my medical examination I will be tested and screened for drug and alcohol abuse. I understand that any detection of drug use (*including marijuana*) or alcohol abuse will render me ineligible for the Air Force. I understand I will undergo further drug and alcohol screening after entry in the Air Force, and I may be discharged based on the results of such screening.

Service in the United States Air Force places me in a position of special trust and responsibility. Drug or alcohol abuse after this date will be considered evidence of my inability to meet the standards of behavior expected of me as a member of the Air Force. Therefore, any drug use (*including marijuana*) or any alcohol abuse as described above, **FROM THIS DATE FORWARD**, renders me ineligible for the Air Force.

Drug and alcohol abuse by members of the U.S. Air Force violates Air Force standards of behavior and conduct and will not be tolerated. If I am identified as a drug or alcohol abuser while a member of the Air Force, appropriate disciplinary or administrative action may be taken against me, to include trial by court martial or discharge under less than honorable conditions.

I understand that certain skill areas in the Air Force cannot be performed by persons who have abused drugs or alcohol. My unit commander will have final approval authority regarding my actual assignment to sensitive skill positions. If I am not acceptable for such duties due to information I have revealed on this form, I will be reassigned to another position in my skill or reclassified into another skill. If it is established that I have used any substance beyond that which I have indicated on this form, I understand my enlistment, commissioning, or appointment may be declared fraudulent and I may be discharged.

**KNOWING AND UNDERSTANDING ALL THE INFORMATION ABOVE, AND REALIZING THAT THIS DOCUMENT WILL BE USED ONLY TO DETERMINE MY ELIGIBILITY AND RECORD MY CERTIFICATION OF ELIGIBILITY, I HEREBY STATE THAT THE ABOVE INFORMATION AS TO MY PREVIOUS DRUG OR ALCOHOL INVOLVEMENT IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.**

DATE	NAME (Last, First, M.I.) AND SSN OF APPLICANT	SIGNATURE
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<b>WITNESS</b>		
I CERTIFY THE ABOVE INDIVIDUAL SIGNED THIS CERTIFICATE OF HIS/HER OWN FREE WILL		
DATE	NAME ( <i>Last, First, M.I.</i> ) AND GRADE OF WITNESS	SIGNATURE
REMARKS		
<b>SECTION IV. RECERTIFICATION AT TIME OF ENLISTMENT, COMMISSIONING, OR APPOINTMENT</b>		<b>INITIALS</b>
I have read and fully understand all the information on this form.		
I hereby state that there has been no change in my status since I originally provided this information on the date on front of this form.		
I hereby certify that I have not used any drug, including marijuana, and that I have not been in any alcohol related abuse incidents, since I originally completed this form.		
DATE	NAME ( <i>Last, First, M.I.</i> ) AND SSN OF APPLICANT	SIGNATURE
<b>WITNESS</b>		
I CERTIFY THE ABOVE INDIVIDUAL SIGNED THIS CERTIFICATE OF HIS/HER OWN FREE WILL		
DATE	NAME ( <i>Last, First, M.I.</i> ) AND GRADE OF WITNESS	SIGNATURE

## Attachment 10

## FITNESS ASSESSMENT CHARTS

## A10.1. Fitness Assessment Chart – Male: Age: &lt; 30.

Cardiorespiratory Endurance			Body Composition			Muscle Fitness			
Run Time (mins:secs)	Health Risk Category	Points	AC (inches)	Health Risk Category	Points	Push-ups (reps/min)	Points	Sit-ups (reps/min)	Points
≤ 9:12	Low-Risk	60.0	≤ 32.5	Low-Risk	20.0	≥ 67	10.0	≥ 58	10.0
9:13 - 9:34	Low-Risk	59.7	33.0	Low-Risk	20.0	62	9.5	55	9.5
9:35 - 9:45	Low-Risk	59.3	33.5	Low-Risk	20.0	61	9.4	54	9.4
9:46 - 9:58	Low-Risk	58.9	34.0	Low-Risk	20.0	60	9.3	53	9.2
9:59 - 10:10	Low-Risk	58.5	34.5	Low-Risk	20.0	59	9.2	52	9.0
10:11 - 10:23	Low-Risk	57.9	35.0	Low-Risk	20.0	58	9.1	51	8.8
10:24 - 10:37	Low-Risk	57.3	35.5	Moderate Risk	17.6	57	9.0	50	8.7
10:38 - 10:51	Low-Risk	56.6	36.0	Moderate Risk	17.0	56	8.9	49	8.5
10:52 - 11:06	Low-Risk	55.7	36.5	Moderate Risk	16.4	55	8.8	48	8.3
11:07 - 11:22	Low-Risk	54.8	37.0	Moderate Risk	15.8	54	8.8	47	8.0
11:23 - 11:38	Low-Risk	53.7	37.5 #	Moderate Risk	15.1	53	8.7	46 #	7.5
11:39 - 11:56	Low-Risk	52.4	38.0	Moderate Risk	14.4	52	8.6	45	7.0
11:57 - 12:14	Low-Risk	50.9	38.5	Moderate Risk	13.5	51	8.5	44	6.5
12:15 - 12:33	Low-Risk	49.2	39.0 *	Moderate Risk	12.6	50	8.4	43	6.3
12:34 - 12:53	Moderate Risk	47.2	39.5	High Risk	0	49	8.3	42 *	6.0
12:54 - 13:14 #	Moderate Risk	44.9	40.0	High Risk	0	48	8.1	41	0
13:15 - 13:36 *	Moderate Risk	42.3	40.5	High Risk	0	47	8.0	40	0
13:37 - 14:00	High Risk	0	41.0	High Risk	0	46	7.8	39	0
14:01 - 14:25	High Risk	0	41.5	High Risk	0	45	7.7	38	0
14:26 - 14:52	High Risk	0	42.0	High Risk	0	44 #	7.5	37	0
14:53 - 15:20	High Risk	0	42.5	High Risk	0	43	7.3	36	0
15:21 - 15:50	High Risk	0	43.0	High Risk	0	42	7.2	35	0
15:51 - 16:22	High Risk	0	≥ 43.5	High Risk	0	41	7.0	34	0
16:23 - 16:57	High Risk	0				40	6.8	33	0
≥ 16:58	High Risk	0				39	6.5	32	0
						38	6.3	31	0
						37	6.0	30	0
						36	5.8	≤ 29	0
						35	5.5		
						34	5.3		
						33 *	5.0		
						32	0		
						31	0		
						30	0		
						29	0		
						28	0		
						27	0		
						26	0		
						25	0		
						24	0		
						23	0		
						22	0		
						21	0		
						20	0		
						19	0		
						18	0		
						≤ 17	0		

**NOTES:**  
 Health Risk Category = low, moderate or high risk for current and future cardiovascular disease, diabetes, certain cancers, and other health problems

Passing Requirements - member *must*: 1) meet minimum value in each of the four components, *and* 2) achieve a composite point total ≥ 75 points

**\* Minimum Component Values**  
 Run time ≤ 13:36 mins:secs / Abd Circ ≤ 39.0 inches  
 Push-ups ≥ 33 repetitions/one minute / Sit-ups ≥ 42 repetitions/one minute

**# Target Component Values**  
 Member should attain or surpass these to achieve ≥ 75.0 composite score

**Composite Score Categories**  
 Excellent ≥ 90.0 pts / Satisfactory = 75.0 - 89.9 / Unsatisfactory < 75.0

Cardiorespiratory Endurance			Body Composition			Muscle Fitness			
Run Time (mins:secs)	Health Risk Category	Points	AC (inches)	Health Risk Category	Points	Push-ups (reps/min)	Points	Sit-ups (reps/min)	Points
≤ 10:23	Low-Risk	60.0	≤ 29.0	Low Risk	20.0	≥ 47	10.0	≥ 54	10.0
10:24 - 10:51	Low-Risk	59.9	29.5	Low Risk	20.0	42	9.5	51	9.5
10:52 - 11:06	Low-Risk	59.5	30.0	Low Risk	20.0	41	9.4	50	9.4
11:07 - 11:22	Low-Risk	59.2	30.5	Low Risk	20.0	40	9.3	49	9.0
11:23 - 11:38	Low-Risk	58.9	31.0	Low Risk	20.0	39	9.2	48	8.9
11:39 - 11:56	Low-Risk	58.6	31.5	Low Risk	20.0	38	9.1	47	8.8
11:57 - 12:14	Low-Risk	58.1	32.0	Moderate Risk	17.6	37	9.0	46	8.6
12:15 - 12:33	Low-Risk	57.6	32.5	Moderate Risk	17.1	36	8.9	45	8.5
12:34 - 12:53	Low-Risk	57.0	33.0	Moderate Risk	16.5	35	8.8	44	8.0
12:54 - 13:14	Low-Risk	56.2	33.5	Moderate Risk	15.9	34	8.6	43	7.8
13:15 - 13:36	Low-Risk	55.3	34.0 #	Moderate Risk	15.2	33	8.5	42 #	7.5
13:37 - 14:00	Low-Risk	54.2	34.5	Moderate Risk	14.5	32	8.4	41	7.0
14:01 - 14:25	Low-Risk	52.8	35.0	Moderate Risk	13.7	31	8.3	40	6.8
14:26 - 14:52	Low-Risk	51.2	35.5 *	Moderate Risk	12.8	30	8.2	39	6.5
14:53 - 15:20	Moderate Risk	49.3	36.0	High Risk	0	29	8.1	38 *	6.0
15:21 - 15:50 #	Moderate Risk	46.9	36.5	High Risk	0	28	8.0	37	0
15:51 - 16:22 *	Moderate Risk	44.1	37.0	High Risk	0	27 #	7.5	36	0
16:23 - 16:57	High Risk	0	37.5	High Risk	0	26	7.3	35	0
16:58 - 17:34	High Risk	0	38.0	High Risk	0	25	7.2	34	0
17:35 - 18:14	High Risk	0	38.5	High Risk	0	24	7.0	33	0
18:15 - 18:56	High Risk	0	39.0	High Risk	0	23	6.5	32	0
18:57 - 19:43	High Risk	0	39.5	High Risk	0	22	6.3	31	0
19:44 - 20:33	High Risk	0	≥ 40.0	High Risk	0	21	6.0	30	0
≥ 20:34	High Risk	0				20	5.8	29	0
						19	5.5	28	0
						18 *	5.0	27	0
						17	0	26	0
						16	0	25	0
						15	0	24	0
						14	0	23	0
						13	0	≤ 22	0
						12	0		
						11	0		
						10	0		
						9	0		
						8	0		
						≤ 7	0		

**NOTES:**  
Health Risk Category = low, moderate or high risk for current and future cardiovascular disease, diabetes, certain cancers, and other health problems

Passing Requirements - member *must*: 1) meet minimum value in each of the four components, *and* 2) achieve a composite point total ≥ 75 points

\* Minimum Component Values  
Run time ≤ 16:22 mins:secs / Abd Circ ≤ 35.5 inches  
Push-ups ≥ 18 repetitions/one minute / Sit-ups ≥ 38 repetitions/one minute

# Target Component Values  
Member should attain or surpass these to achieve ≥ 75.0 composite score

**Composite Score Categories**  
Excellent ≥ 90.0 pts / Satisfactory = 75.0 - 89.9 / Unsatisfactory < 75.0