

PHYSICAL ABILITY STAMINA TEST (PAST) WORKSHEET

I. TEST INFORMATION

DATE	START TIME	TEST SITE (NAME/ADDRESS)			
RECRUITER/ EVALUATOR (<i>Rank, Last, First, MI</i>)		RIC CODE	UNIT	Circle: NPS PS RET/Crossflow AD Guard/Reserve	

II. APPLICANT'S INFORMATION

NAME (<i>Last, First, Middle Initial</i>)	Applicant ID:	Flight
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III. TEST RESULTS

TEST COMPONENT	Final Results	SWOE		PJ/CCT/TACP/SR		TACPO		STO/CRO		EOD		SERE		
Pull-ups in 2 Minutes (1 Minute STO/CRO) Total Repetitions:		8	P F	8	P F	8	P F	12	P F	3	P F	8	P F	
2-Minute Rest Period														
Sit-ups in 2 Minutes Total Repetitions:		50	P F	50	P F	50	P F	75	P F	Not Tested		48	P F	
2-Minute Rest Period														
Push-ups in 2 Minutes Total Repetitions:		40	P F	40	P F	40	P F	64	P F	Not Tested		40	P F	
10-Minute Rest Period														
1.5 Mile Run or 3 Mile Run (STO/CRO)														
Lap Times (<i>Use spaces as needed for test facility</i>)														
1.	2.	3.	4.	5.										
6.	7.	8.	9.	10.										
11.	12.	13.	14.	15.										
16.	17.	18.	19.	20.										
21.	22.	23.	24.	25.										
Lap Distance _____	Finish Time:	10:20	P F	10:20	P F	10:20	P F	22:00	P F	11:00	P F	11:00	P F	
30-Minute Rest Period														
25m Underwater Swim 1		Finish	P F	Finish	P F	Finish	P F	Finish	P F	Not Tested		Not Tested		
3-Minute Rest Period														
25m Underwater Swim 2		Finish	P F	Finish	P F	Finish	P F	Finish	P F	Not Tested		Not Tested		
10-Minute Rest Period														
500m Surface Swim or 1500m Surface Swim (STO/CRO)														
Lap Times (<i>Use spaces as needed for test facility</i>)														
1.	2.	3.	4.	5.										
6.	7.	8.	9.	10.										
11.	12.	13.	14.	15.										
16.	17.	18.	19.	20.										
21.	22.	23.	24.	25.										
Lap Distance _____	Finish Time:	15:00	P F	12:30	P F	12:30	P F	32:00	P F	Not Tested		Not Tested		
PAST QUALIFIED FOR CAREER FIELD		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	

IV. CERTIFICATION

APPLICANT: I certify that I was administered the PAST and have validated all information on this worksheet.	APPLICANT'S SIGNATURE	DATE:
TEST ADMINISTRATOR CERTIFICATION:	ADMINISTRATOR (<i>Printed Name</i>)	DATE:
I certify that I am trained and certified to conduct the PAST and that the applicant named above was tested at the recorded time and location, and performed as recorded above.	ADMINISTRATOR SIGNATURE:	UNIT:
	EMAIL:	PHONE:
COMMANDER or SUPERINTENDENT ENDORSEMENT: I certify that the Test Administrator above is fully qualified to administer the Physical Ability and Stamina Test (PAST).	Name, Rank (<i>Printed</i>):	UNIT:
	SIGNATURE:	DATE: