

**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		P/J/CCT/TACP/SR		TACPO		STO/CRO		EOD		SERE	
		P	F	P	F	P	F	P	F	P	F	P	F
<b>Pull-ups in 2 Minutes (1 Minute STO/CRO)</b> Total Repetitions:		8	P F	8	P F	8	P F	12	P F	3	P F	8	P F
2-Minute Rest Period													
<b>Sit-ups in 2 Minutes</b> Total Repetitions:		50	P F	50	P F	50	P F	75	P F	Not Tested		48	P F
2-Minute Rest Period													
<b>Push-ups in 2 Minutes</b> Total Repetitions:		40	P F	40	P F	40	P F	64	P F	Not Tested		40	P F
10-Minute Rest Period													
<b>1.5 Mile Run or 3 Mile Run (STO/CRO)</b>													
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													
<b>25m Underwater Swim 1</b>		Finish	P F	Finish	P F	Finish	P F	Finish	P F	Not Tested		Not Tested	
3-Minute Rest Period													
<b>25m Underwater Swim 2</b>		Finish	P F	Finish	P F	Finish	P F	Finish	P F	Not Tested		Not Tested	
10-Minute Rest Period													
<b>500m Surface Swim or 1500m Surface Swim (STO/CRO)</b>													
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	
<b>PAST QUALIFIED FOR CAREER FIELD</b>		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: