PHYSICAL ABILITY STAMINA TEST (PAST) WORKSHEET

I. TEST INFORMATION

DATE	START TIME	TEST SITE (NAME/ADDRESS)

RECRUITER/ EVALUATOR (*Rank, Last, First, MI*)	RIC CODE	UNIT	Circle: NPS PS RET/Crossflow | AD Guard/Reserve

II. APPLICANT'S INFORMATION

NAME (*Last, First, Middle Initial*)	Applicant ID:	Flight
		E

III. TEST RESULTS

TEST COMPONENT	Final Results	Applicant AFS (Circle AFS column title) SWOE	PJ/CCT/TACP/SR	TACPO	STO/CRO	EOD	SERE
Pull-ups in 2 Minutes (1 Minute STO/TACPO/CRO) Total Repetitions:		8 P F	8 P F	12 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	75 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	64 P F	64 P F	Not Tested	40 P F
10-Minute Rest Period							
1.5 Mile Run or 3 Mile Run (STO/TACPO/CRO)							
Lap Times *(Use spaces as needed for test facility)*							
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	22:00 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 *(Use spaces as needed for test facility)*							
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.							
26. 27. 28. 29. 30.							
31. 32. 33. 34. 35.							
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 (*Printed Name*)	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 (Printed):	UNIT:
	SIGNATURE:	DATE:

PAST WORKSHEET, 20210604 Previous Editions Are Obsolete **OPR: AETC/A3S (AETC.BAT.Directorate@us.af.mil)**

Privacy Act Information: The Information in this form is FOUO when filled in. Protect IAW the Privacy Act of 1974.

EMERGENCY CONTACT INFORMATION

Name **Relationship** **Phone Numer**

LIABILITY RELEASE AND EXPRESS ASSUMPTION OF RISK

PLEASE READ CAREFULLY AND FILL IN YOUR NAME BEFORE SIGNING

I (name of participant)_____, hereby affirm that I have been advised and thoroughly informed of the inherent hazards of the physical activities involved in the Physical Ability and Stamina Test (PAST) and the physical development sessions administered by T3i, Inc.

I hereby state I am in good physical condition and health, and I know of no medical symptoms, conditions, illnesses, or other ailments which would be aggravated, worsened, or in any way adversely affected by my participation in the PAST/physical development activities.

I hereby state that I am voluntarily participating in the PAST and physical development sessions because I desire to be classified into the Spec Ops/Combat Support career fields. I agree to follow the directions and orders of the Air Force personnel directing these activities. I agree to immediately notify these personnel of any physical pain, shortness of breath, or discomfort during these activities.

In consideration for being allowed to participate in these activities, I hereby personally assume all risks in connection with said activities, for any harm, injury, or damage that may befall me while I am taking the PAST or physical development sessions, including all risks connected with these activities. Also, I understand that neither the Air Force nor the United States government provides any medical care in the event I am injured while participating in these physical activities.

I hereby exempt, release, and hold harmless the United States government and the United States Air Force, their employees, agents, officer, director, representatives, and any other person from any claim or lawsuit by me, my family, estate, heirs, or assigns arising out of my participation in this activity. I further state that I am of lawful age and competent to sign this liability release.

This agreement shall be interpreted according to federal law. It shall be as broad and inclusive as permitted by pertinent federal law.

Participant's Full Name		Witness' Full Name	
Signature of Participant	Date	Signature of Witness	Date

IF PARTICIPANT IS UNDER THE AGE OF 18, COMPLETE THE FOLLOWING

I am the parent or legal guardian of (name of participant) _____ I understand the above hold harmless agreement between my child and the United States. By signing this agreement, I agree to release, acquit, and forever discharge the United States Air Force, their employees, agents, officer, director, representatives, and any other person or entity in interest with them from any and all liability whatsoever, including all claims, demands, or causes of action of any kind and nature I, my minor child, my heirs, executors, or assigns may have or ever claim to have that may occur or arise by reason of my child's participation in the PAST and physical development activities.

Parent or Guardian's Full Name		Participant's Full Name	
Signature of Parent or Guardian	Date	Signature of Participant	Date

Emergency Contact Information

Name	Relationship	Phone Number

T3i SW/CS REGISTRATION FORM

T3i SW/CS REGISTRATION FORM

LAST NAME, FIRST NAME, MI			
DATE OF BIRTH		GENDER (SELECT) *	CAREER (SELECT) *
STATUS (RECRUITER) Candidate		FLIGHT (RECRUITER) E	APPLICANT ID (RECRUITER)
STREET ADDRESS			
CITY		STATE	ZIP
PRIMARY PHONE	SECONDARY PHONE	EMAIL	
RACE (SELECT) *	MARITAL STATUS (SELECT) *	EDUCATION COMPLETED (SELECT) *	
FAVORITE SCHOOL SUBJECT		OCCUPATION	
HOBBIES/INTERESTS			
PARENT'S MARITAL STATUS		NUMBER OF SIBLINGS	
FAMILY MILITARY CONNECTIONS (RELATIONSHIP TO YOU AND BRANCH OF SERVICE)			
INVOLVEMENT WITH ATHLETICS? EXPLAIN LEVEL AND YEARS OF PARTICIPATION			

SELECT YES OR NO AS APPROPRIATE

DO YOU HAVE A TRAINING PARTNER?	NO
HAVE YOU EVER BEEN AN EAGLE SCOUT?	NO
HAVE YOU EVER BEEN IN JROTC OR CIVIL AIR PATROL?	NO
HAVE YOU HAD ANY LAW ENFORCMENT ENCOUNTERS?	NO
HAVE YOU EVER BEEN IN A FIGHT?	NO
DO YOU REGULARLY PLAY FIRST PERSON SHOOTER GAMES?	YES