

INITIAL FITNESS TEST (IFT) 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	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 (<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	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 (<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.			
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
IFT 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 IFT 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 IFT 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 Initial Fitness Test (IFT).	Name, Rank (<i>Printed</i>):	UNIT:
	SIGNATURE:	DATE: