

## **Annual Physical Fitness Test**

## **Working Form**



Version 10/12/2004

			version 10/12/2004
Date			
Location			
Officer's Name			
Officer's PHS Number			
<b>Evaluator's Name</b>			
Evaluator's PHS Nu	ımber		
Evaluator's Fax Number		( )	_
	Level 1		Achieved
	Requ	uirement	
Push-ups			
Side-Bridge			
Sit-ups			
1.5 mile Run/Walk			
500 Yard Swim			
450 Meter Swim			

- Note 1: This form is a working form in that all information must be transferred to the "Offical" FORM PHS 7044 Physical Readiness Standards Report
- Note 2: It is recommended that that the Officer fax a copy of the completed form back to the evaluator because OFRD may be contacting a sample of evaluators to verify their results

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Officer's Name	
Participant's Number	

LAP	Level 1 Split Times	Achieved
1		
2		
3		
4 (mile)		
5		
6		