U.S. DEPARTMENT OF HOMELAND SECURITY U.S. COAST GUARD CGHQ-1020/11 (Rev 6/04)	**USCG HEADQUARTERS WEIGHT CONTROL MONTHLY PROBATIONARY MONITORING**

NAME	**RANK/RATE**
STAFF SYMBOL	**PHONE NUMBER**
DATE OF INITIAL MEASUREMENT	**GENDER**
HEIGHT	**WEIGHT**
WRIST SIZE	**MAXIMUM ALLOWABLE WEIGHT (MAW)**
TOTAL AMOUNT TO BE LOST	
COMMENTS:	

PROB. MONTH/YR	DATE WEIGHED	WEIGHT	MEDICAL REP. SIGNATURE
PROB. MONTH/YR	DATE WEIGHED	WEIGHT	MEDICAL REP. SIGNATURE
PROB. MONTH/YR	DATE WEIGHED	WEIGHT	MEDICAL REP. SIGNATURE
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PROB. MONTH/YR	DATE WEIGHED	WEIGHT	MEDICAL REP. SIGNATURE
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