

Department of Health and Human Services
U.S. Public Health Service Commissioned Corps
PHYSICAL READINESS STANDARDS REPORT

SECTION I

OFFICER'S NAME <i>(Please print: Last, First, Middle Initial)</i>	PHS SERIAL NUMBER	RANK/GRADE
OFFICER'S SIGNATURE		<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE

SECTION II

BODY MASS INDEX (BMI)		Date Recorded
Height in Inches	Weight in Pounds	BMI
<i>NOTE: Intermediate and Advanced Level only.</i>		

BODY FAT		Date Measured
Height in Inches	Neck Circumference In Inches	Body Fat
Waist at Narrowest Point in Inches	Hips at Widest Point in Inches <i>(Female Officers only)</i>	
<i>NOTE: Intermediate and Advanced Level only.</i>		

I certify that the above records are true and correct.

MEASURING OFFICIAL <i>(Please print: Last, First, Middle Initial)</i>	PHS SERIAL NUMBER
MEASURING OFFICIAL'S SIGNATURE	DATE

SECTION III

ANNUAL PHYSICAL FITNESS TEST	
<p style="text-align: center;">CATEGORY A - CARDIOVASCULAR HEALTH <i>Check box and complete one of the following:</i></p> <p><input type="checkbox"/> 1.5 Mile Run _____ <i>(time recorded to nearest second)</i></p> <p><input type="checkbox"/> 450 Meter Swim _____ <i>(time recorded to nearest second)</i></p> <p><input type="checkbox"/> 500 Yard Swim _____ <i>(time recorded to nearest second)</i></p>	<p style="text-align: center;">CATEGORY B - CORE MUSCLE STRENGTH <i>Check box and complete either one of the following:</i></p> <p><input type="checkbox"/> Sit-Ups _____ <i>(record number of sit-ups in 2 minutes)</i></p> <p><input type="checkbox"/> Side-Bridge _____ <i>(record time in seconds that position is held)</i></p>
<p>CATEGORY C - UPPER BODY STRENGTH -- Complete the following:</p> <p><input type="checkbox"/> Push-Ups _____ <i>(record number of push-ups in 2 minutes)</i></p>	

I certify that the above records are true and correct.

TESTING OFFICIAL <i>(Please print: Last, First, Middle Initial)</i>	PHS SERIAL NUMBER
TESTING OFFICIAL'S SIGNATURE	DATE TESTED

Submit completed form (with original signatures) to:

Office of Commissioned Corps Support Services
ATTN: Medical Affairs Branch
5600 Fishers Lane, Room 4C-04
Rockville, MD 20857-0001

Officers must also enter results at:

<http://ccrf.hhs.gov>

**INSTRUCTIONS TO
PHYSICAL READINESS STANDARDS REPORT,
FORM PHS-7044**

All active-duty Public Health Service Commissioned Corps officers are required to meet specific standards for the Basic level of force readiness by 1 May 2005, and are required to be screened annually. This report is part of the procedure for determining compliance with Subchapter CC26.1, INSTRUCTION 8, "PHS Readiness Standards," of the Commissioned Corps Personnel Manual.

The officer being measured/tested must complete and sign Section I of this report. The Measuring Official/Testing Official must complete and certify Sections II and III. The officer must submit the completed report (with original signatures) to the address at the bottom of the report **and** enter results at <http://ccrf.hhs.gov>.

PRIVACY ACT STATEMENT

AUTHORITY: 42 U.S.C. 202 et seq, E.O. 9397, and Subchapter CC26.1, INSTRUCTION 8, of the Commissioned Corps Personnel Manual.

PRINCIPAL PURPOSE(S): To obtain data necessary for determining officer's level of Force Readiness.

ROUTINE USE(S): None.

DISCLOSURE: Voluntary; however, refusal to submit information will affect the determination of officer's level of Force Readiness and may impact the officer's promotion potential. Officer's PHS serial number is required for identification purposes.

SYSTEM NOTICE FOR RECORDS SYSTEM: The information provided on this report will become part of record system 09-40-0002, "PHS Commissioned Corps Medical Records," HHS/PSC/HRS.