

PHYSICAL FITNESS EDUCATION AND INTERVENTION PROCESSING

AUTHORITY: 10 U.S.C. 8013

PURPOSE: To process members into and through the Air Force's Fitness Education and Intervention Program(s)

ROUTINE USES: None.

DISCLOSURE: Voluntary. However, failure to furnish information will not change your status in the Fitness Program

SECTION I. INDIVIDUAL INFORMATION

NAM (Last, First, Middle Initial)		GRADE	SSN	UNIT
DATE OF BIRTH	COMPOSITE SCORE	ABDOMINAL CIRCUMFERENCE	ASSESSMENT	DUTY

SECTION II. MARGINAL FITNESS SCORE

Healthy Living Workshop (HLW) attendance is required within 10 duty days of your assessment. Acknowledge appointment below.

HLW DATE	TIME	LOCATION	MEMBER
UNIT COMMANDER SIGNATURE/DATE		HLW FACILITATOR SIGNATURE/DATE	

SECTION III. POOR FITNESS SCORE

Healthy Living Workshop (HLW) attendance is required within 10 duty days of your assessment. Acknowledge appointment below.

HLW DATE	TIME	LOCATION	MEMBER
UNIT COMMANDER SIGNATURE/DATE		HLW FACILITATOR SIGNATURE/DATE	

Initial Fitness Improvement Program (FIP) class/instruction attendance is required within 10 duty days of completing the HLW. Acknowledge appointment below.

INITIAL FIP	TIME	LOCATION	MEMBER
UNIT COMMANDER SIGNATURE/DATE		FITNESS PROGRAM MANAGER	

Body Composition Improvement Program (BCIP), classes #1 and #2, are required for members with a composite score <70 and a high abdominal circumference (>40" for males or >35" for females). BCIP #1 attendance must occur within 10 duty days of completing HLW. Monthly follow-up is required until achieving a composite score ≥70.

BCIP #1 DATE	TIME	LOCATION	MEMBER
BCIP #2 DATE	TIME	LOCATION	MEMBER
UNIT COMMANDER		REGISTERED DIETITIAN/CERTIFIED DIET THERAPIST (UPON COMPLETION OF BCIP #1 & #2)	

SECTION IV. REQUEST FOR MEDICAL EVALUATION

Your composite score has remained <70 without improvement despite compliance with program requirements. Accordingly, you are scheduled for a medical evaluation to determine any possible medical indicators that prohibit program success. Acknowledge the date and time of your appointment below.

DATE	TIME	MEMBER SIGNATURE	UNIT COMMANDER
Member has been medically			
MEDICAL PROVIDER NAME AND		SIGNATUR	DATE

SECTION V. FITNESS PANEL REVIEW

PANEL		
UNIT COMMANDER NAME AND GRADE		DATE

SECTION VI. MEMBER'S ACTION

I understand I may request information from my Unit Commander, First Sergeant, supervisor, Unit Fitness Program Manager, HAWC staff, or health care provider.

MEMBER NAME AND GRADE	SIGNATUR	DATE
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