

# FITNESS IMPROVEMENT PROGRAM (FIP)

## Progress Chart

### PRIVACY ACT STATEMENT

**AUTHORITY:** 10 USC 8013 & EO 9397

**PRINCIPLE PURPOSE:** To process members into and through the Air National Guard Fitness Improvement Program

**ROUTINE USE:** None

**DISCLOSURE:** Mandatory. Failure to furnish information may result in administrative action or punishment.

The results of the annual Air National Guard Fitness Program (ANGFP) show that you do not meet the established fitness standards in accordance with ANGI 10-248, Air National Guard Fitness Program. Entry into the FIP and a reassessment in six months is required. You can request to be reevaluated at any time while assigned to the FIP. If you do request early reassessment and do not reach the minimum fitness standards, you will be continued in the FIP.

Instructions. Use this progress chart (one chart for each month) to record your physical fitness activities. For each day you exercise, please write in the type of exercise and time spent on that activity.

You must report to the Unit Fitness Program Manager (UFPM) quarterly to review your progress chart. Failure to do so may warrant administrative action.

NAME \_\_\_\_\_ DATE \_\_\_\_\_ DATE OF QUARTERLY REVIEW WITH UFPM \_\_\_\_\_

<b>DAY</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>	<b>9</b>	<b>10</b>	
<b>AEROBIC/CARDIO TRAINING</b>											
<b>STRENGTH/MUSCULAR TRAINING</b>											
<b>FLEXIBILITY TRAINING</b>											
<b>DAY</b>	<b>11</b>	<b>12</b>	<b>13</b>	<b>14</b>	<b>15</b>	<b>16</b>	<b>17</b>	<b>18</b>	<b>19</b>	<b>20</b>	
<b>AEROBIC/CARDIO TRAINING</b>											
<b>STRENGTH/MUSCULAR TRAINING</b>											
<b>FLEXIBILITY TRAINING</b>											
<b>DAY</b>	<b>21</b>	<b>22</b>	<b>23</b>	<b>24</b>	<b>25</b>	<b>26</b>	<b>27</b>	<b>28</b>	<b>29</b>	<b>30</b>	<b>31</b>
<b>AEROBIC/CARDIO TRAINING</b>											
<b>STRENGTH/MUSCULAR TRAINING</b>											
<b>FLEXIBILITY TRAINING</b>											

HEALTH PROMOTIONS MANAGER (Initial FIP enrollment) \_\_\_\_\_ DATE \_\_\_\_\_

QUARTERLY REVIEW (UFPM signature) \_\_\_\_\_ DATE \_\_\_\_\_