U.S. DOD Form dod-ngb-1601

Weight and Body Fat Management Program (WBFMP) Documentation

Privacy Act Statement

AUTHORITY: 10 U.S.C. 8013
PRINCIPLE PURPOSE: To standardize documentation of information for ANG Weight and Body Fat Management Program.
ROUTINE USES: None
DISCLOSURE: Voluntary. Failure to provide or satisfy the required information could result in disciplinary action to include separation
Social Security Number is necessary for positive identification of individual records.

SECTION I. IDENTIFICATION DATA

NAME (Last, First, Middle Initial)	GRADE	SSAN	UNIT/DUTY PHONE

DATE OF BIRTH	DATE WEIGHED	HEIGHT	WEIGHT	BODY FAT %	WT STD	BODY FAT STD	BODY FAT ADJ

SECTION II. HEALTH PROMOTION MANAGER APPOINTMENT

☐ The results of a recent weight check and body fat measurement show you exceed your body fat standard. Entry into the WBFMP and a 90-day Health Improvement Period (HIP) is required. Accordingly, I have scheduled you for an appointment with the Health Promotions Manager. Acknowledge the dates and times of your appointment below.

☐ The results of a recent weight check and body fat measurement show you are within your body fat standard. However, you do not present a professional military appearance. Therefore, entry into the WBFMP and a 90-day Health Improvement Period (HIP) is required. Accordingly, I have scheduled you for an appointment with the Health Promotions Manager. Acknowledge the dates and times of your appointment below.

Date of appointment with Health Promotion Manager	Time

UNIT COMMANDER'S NAME AND GRADE	SIGNATURE	DATE

MEMBER'S NAME AND GRADE	SIGNATURE	DATE

SECTION III. UNIT COMMANDER'S ACTION

☐	Enter in WBFMP 90-day HIP effective:	Weight	Body Fat %
☐	Enter in WBFMP Phase I HIP effective:	Weight	Body Fat %
☐	Enter in WBFMP Phase II HIP effective:	Weight	Body Fat %
☐	Reenter in WBFMP Phase I HIP effective:	Weight	Body Fat %

UNIT COMMANDER'S NAME AND GRADE	SIGNATURE	DATE

SECTION IV. MEMBER'S ACTION

I understand I may request additional information from my supervisor, unit WBFMP manager, first sergeant, or unit commander. I have been scheduled for an appointment with the Health Promotion Manager. I have been instructed to seek medical advice prior to beginning a diet and exercise program. I must seek this advice at my own expense (AGRs use appropriate medical benefits). I understand it is my responsibility to notify my unit commander if I have a pre-existing medical condition, documented by my practitioner, that would preclude me from making satisfactory progress, or participating in a diet and exercise program. I have been provided a copy of the overview in ANGI 40-502, and understand the information it contains.

MEMBER'S NAME AND GRADE	SIGNATURE	DATE

SECTION V. OFFICIAL MONTHLY PROGRESS ASSESSMENTS

DATE WEIGHED	WT	BF%	WAIST OR ABDOMEN	HIPS	NECK	CIRCUM VALUE	(GAIN OR LOSS) WEIGHT/BF%	MEMBER'S SIGNATURE	WBFPM'S SIGNATURE

NGB Form 160-1-R, FEB 00 ***(EF) (Adobe v. 4.0)*** (Replaces NGB Form 160-1-R dated APR 99, which is obsolete)

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SECTION V. OFFICIAL MONTHLY PROGRESS ASSESSMENTS (continued)

DATE WEIGHED	WT	BF%	WAIST OR ABDOMEN	HIPS	NECK	CIRCUM VALUE	(GAIN OR LOSS) WEIGHT/BF%	MEMBER'S SIGNATURE	WBFPM'S SIGNATURE

SECTION VI. TYPE OF ADMINISTRATIVE ACTION TAKEN *(Circle option(s))*

	Unsatisfactory Period							
	Options for Enlisted				Options for Officers			
	1st	2nd	3rd	4th	1st	2nd	3rd	4th
Verbal Counseling/Letter of Counseling	X				X			
Letter of Admonition	X				X			
Verbal Reprimand	X	X			X	X		
Limit Supervisory Responsibilities	X	X	X		X	X	X	
Remove Supervisory Responsibilities	X	X	X		X	X	X	
Comments on OPRs and EPAs (AGR only) for Unsat Progress	X	X	X		X	X	X	
Administrative Demotion			X					
Administrative Separation				X				X
Retention with continuation in WBFMP and appropriate administrative actions from Third Unsatisfactory List				X				X

SECTION VII. COMMENTS/REMARKS *(Additional comments may be attached)*