



DEPARTMENT OF THE AIR FORCE
AIR UNIVERSITY (AETC)

Date

MEMORANDUM FOR HQ AFROTC/RRUE

FROM: (Evaluator's Rank, First Name, Middle Initial, and Last Name)
(Evaluator's Unit of Assignment)
(Unit of Assignment Address)
(Base and Zip Code)

SUBJECT: Air Force Fitness Assessment (FA) and Body Mass Index (BMI) Certification

1. I certify that RANK/NAME completed the Air Force BMI and FA on DATE IAW AFI 36-2905, Fitness Program, DoDI 1308.3, DoD Physical Fitness and Body Fat Programs Procedures, AFI 36-2013 Officer Training School (OTS) and Enlisted Commissioning Programs (ECPS), and AFROTCI 36-2011 Cadet Operations.

Results are as follows:

SSN: Age: Height: Weight: BMI 27.5 Max Weight:
Body Fat Measurement if over BMI: (Max Body Fat 20% Males / 28% Females)

Table with 4 columns: Component, Time/Reps/Measurement, Score, Minimum Value Met. Rows include 1.5-Mile Run, Push-ups, Sit-ups, Body Composition, and Category.

2. If you have any further questions, my duty phone number is DSN: (phone number), commercial (phone number), or e-mail address is (enter e-mail address.)

(Evaluator's Signature)
(Typed Name, Rank, USAF)
* Evaluator must be Unit Fitness Program Manager

1st Ind, Certifying Officer's Office Symbol

MEMORANDUM FOR HQ AFROTC/RRUE

I certify that the FA and BMI conducted on (Applicant's Rank and Name) are valid, and administered by a unit fitness program manager.

(Certifier's Signature)
(Typed Name, Rank, USAF)
*Certifier must be a Flight Commander, First Sergeant or Squadron Commander