

Body Composition Program PFT Report

Instructions: This report is for units to complete after a member has taken the PFT for Body Composition compliance per ACN 068/21. This report is to assist CG-1 in examining resource expenditures needed to conduct the PFT for Body Composition Compliance. Do not enter individual member names or other Personally Identifiable Information. Once complete send this report to HQS-SMB-BodyCompPFT@uscg.mil

1. Administering Unit Name _____
2. Administering Unit OPFAC _____
3. Name(s) of additional units participating _____
4. Number of members that took the PFT _____
5. Number of members that elected the swim test _____
6. Number of member that passed the PFT _____
7. Number of members that passed the swim test _____
8. Number of personnel needed to administer the PFT _____
9. Cost incurred by administrating unit to conduct the PFT _____
10. Additional Comments: _____

Optional: Please enter member's PT scores if know. Do not provide any identifying information.

You may continue on the back side if needed.

Member A:

Member B:

Member C:

Member D: