

## 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 112/19](#). 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](mailto: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 known. Do not provide any identifying information. You may continue on the back side if needed.

Member A:

Member B:

Member C:

Member D: