

Medical Command

AIR NATIONAL GUARD FITNESS PROGRAM

Outlines the Air National Guard Walk/Run Fitness Program required by DOD Directive 1308.1, Physical Fitness and Weight Control Programs. This instruction requires the collection and maintenance of information protected by the Privacy Act of 1974. The authority to collect and maintain the records prescribed in this instruction is Title 10, USC, Section 8013, Privacy Act System of Records Notice F035 AF MF N applies. Submit recommendation for Changes of Publication through state headquarters to ANGRC/MPPU, 3500 Fetchet Avenue, Andrews AFB, MD 20762-5157.

1. General Information:

1.1. References, Abbreviations, Acronyms, and Terms. See attachment 1.

1.2. Purpose. The purpose of the Air National Guard Fitness Program (ANGFP) is to annually evaluate the fitness level of ANG members to ensure they are physically prepared to support all military operations, exercises, or other contingencies. All members of the ANG must be physically fit. Each ANG member should have a year round conditioning program emphasizing cardiorespiratory endurance. There are no career sanctions (i.e., reenlistment, promotion) based solely on failure to meet fitness standards while members are engaged in rehabilitation programs.

1.3. Fitness standards are contained in attachment 2.

1.4. Medical Waivers. Health care providers may place members on medical profile excusing participation in the fitness examination. Members will be excused from fitness participation during pregnancy and for 6 months after delivery.

1.5. ANG members are not allowed to attend Air Education and Training Command (AETC) technical training if they do not meet fitness standards contained in attachment 2.

2. Responsibilities:

2.1. Air National Guard Readiness Center, Surgeon General (ANG/SG) and Deputy Director, Personnel (ANG/MPP). Ensures ANG personnel meet the Air Force fitness standards.

2.2. Adjutants General and State Headquarters. Ensures equitable enforcement of the ANG Fitness Program in all units under their jurisdiction and the adherence to all procedures specified. Respective State Headquarters review and endorse all correspondence from units pertaining to this program before forwarding to ANG/MPP. Ensure the annual fitness report is complete and forwarded to ANG/MPPU NLT 20 October each year.

2.3. Installation Commander:

2.3.1. Oversees the overall base fitness program.

2.3.2. Ensures installation personnel comply with the ANGFPP.

2.3.3. Provides appropriate facilities, equipment, funds and additional mandays to conduct the program.

2.4. Services Commander/Director:

2.4.1. Ensures adequate facilities, equipment, personnel resources, and supplies are available to conduct ANGFPP.

2.4.2. Provides education on physical fitness.

2.5. Director, Base Medical Services (DBMS):

2.5.1. Appoints a medical provider as Medical Liaison Officer (MLO). The MLO will act as a central point of contact and advisor for the Fitness and Fitness Enhancement (FITE) programs.

2.5.2. Health care providers may place members with medical conditions precluding fitness evaluations on medical profiles excusing participation in fitness evaluations. Members will be excused from fitness evaluations during pregnancy and for 6 months after delivery.

2.5.2.1. Makes an appropriate record of fitness counseling and referral in the member's medical records.

2.5.2.2. Interviews each individual referred to them by Installation Fitness Program Administrator (IFPA) and or unit commander.

2.5.2.3. Recommends to the member's commander or IFPA that the member may undergo fitness assessment directly or should first be placed in a FITE program if no potential problems are identified.

2.5.3. Recommends further medical evaluation for individuals if potential physical problems are identified.

2.5.3.1. AGR personnel will be referred to the nearest active duty military medical facility for evaluation.

2.5.3.2. Drill status members will be referred to their private physicians.

2.5.4. Maintains a medical consult log of medical conditions necessitating profiles which preclude fitness assessment, along with disposition.

2.5.5. Forwards a copy of the consult log to the IFPA monthly.

2.5.6. Provides and/or coordinates the availability of an on-site medical monitoring team for walk/run assessment. Maintains a list of BLS-certified members for IFPA use when scheduling assessments.

2.5.6.1. Monitors must be Basic Life Support (BLS) trained. There is no requirement for the monitors to be medical personnel.

2.5.6.2. Maintains on-base radio or telephone contact between test site monitors and medical personnel qualified to perform emergency care at all times.

2.6. Installation Fitness Program Administrator (IFPA) will be the Services Representative (AFSC 3M051, FAC 45D8).

2.6.1. Schedules units and GSUs for walk/run assessment or fitness assessments.

2.6.1.1. Reviews the Fitness Test Screening Questionnaire (FTSQ) identified by Unit Fitness Program Manager (UFPM) with affirmative answers and forward to the MLO for evaluation (reference attachment 3).

2.6.1.2. Ensures members are not allowed to overextend themselves by running instead of walking in order to perform the annual walk/run assessment.

2.6.2. Monitors/performs walk/run assessments with a medical monitoring team.

2.6.2.1. A team will consist of a minimum of four monitors.

2.6.2.2. Team members will be strategically placed throughout the course with on-base radio or telephone contact between test site monitors and medical personnel for safety purposes.

2.6.3. In coordination with UFPM, schedule members who do not meet the ANG fitness standard for counseling and individualized fitness prescription during the UTA after the member has failed to meet the standard.

2.6.3.1. Assist members with an individualized fitness prescription by developing a FITE program and assist the member in monitoring progress and redefining goals as the member progresses.

2.6.3.2. Ensures supervised and self-spaced FITE conditioning programs are made available for members not meeting minimum standards.

2.6.4. Sponsor a support group for members in the FITE program.

2.6.4.1. Maintain a reference library by collecting educational aids/materials, and other resources to enrich and encourage total health and fitness.

2.6.4.2. Solicit volunteers with nutritional and exercise physiology experience to help with the support group.

2.6.5. Ensures members medically excused from a fitness assessment receives a medical evaluation in order to determine if a profile is needed.

2.6.6. Establishes liaison with the medical squadron and the MLO.

2.6.7. Works with and trains Unit Fitness Program Managers (UFPM). to include use of AF Form 1975, *Personal Fitness Progress Chart*.

2.6.7.1. Performs periodic quality assurance evaluations of UFPMs' programs and/or records.

2.6.7.2. Maintain organized administrative and continuity files.

2.6.8. Plans and manages MWR budgetary requirements for installation. Ensures installation fitness equipment is procured, maintained, and replaced as needed.

2.6.9. Completes an individual report on each unit tested in coordination with the UFPM. The results are consolidated into the annual Installation Walk/Run Report. The installation report along with the individual unit reports are forwarded to State Headquarters NLT 15 October each year (see attachment 9).

2.6.9.1. Prepares other statistics and reports as required by the installation commander or ANG/MPP.

2.6.10. Schedules periodic fitness education presentations for Commander's Call and or support groups.

2.6.11. Requests necessary computer products for the support of the installation fitness program. Compiles/analyzes data and prepares appropriate tables, charts, and reports.

2.7. Chief, Military Personnel Flight:

2.7.1. Supports the administrative phase of the installation fitness program; e.g., providing computer products and acting as OPR for personnel issues.

2.7.2. Ensures pass/fail notations are accurately updated in the PDS.

2.8. Unit Commander:

2.8.1. Oversees the administration of the unit fitness program.

2.8.2. Appoints a UFPM.

2.8.3. Ensures all assigned or attached personnel are in compliance with fitness standards and enrolls members who fail to meet fitness standards in the FITE program (attachment 4).

2.8.4. Ensures all members are in an appropriate military status for the fitness assessment.

2.8.5. Evaluates members in FITE program failing to show satisfactory progress in increments of 6 months for extension of rehabilitation training

2.8.5.1. Determines if member is actively participating in an aerobic conditioning program and if member is progressing satisfactorily by reviewing the members documented AF Form 1975. Adequate participation is defined as participating in a minimum of 20 minutes of continuous aerobic activity for a minimum of three times per week.

2.8.5.2. Consults with the IFPA and MLO concerning members in the FITE not making satisfactory progress.

2.8.5.3. If the member, at the end of 12 consecutive months, cannot meet the fitness standard the commander may consider possible administrative action, to include separation, IAW AFI 36-3209, Separation Procedures for Air National Guard and Air Force Reserve Members, paragraphs 2.35 or 3.18.

2.8.5.4. Unit commanders have the prerogative to allow time for physical fitness conditioning during duty for all members as mission requirements permit.

2.9. Unit Fitness Program Manager (UFPM):

2.9.1. Works with the IFPA.

2.9.2. Administers FTSQ (attachment 5) to members being tested on the UTA prior to the scheduled assessment.

2.9.2.1. Consolidates FTSQs of members who have answered asterisked questions in the affirmative and forwards to the IFPA the UTA prior to the scheduled assessment.

2.9.3. Notifies the unit commander of members failing the fitness assessment.

2.9.3.1. Notifies the members who fail their fitness assessment during the UTA in which they failed. Enters the member into the FITE program during the same UTA by letter (reference attachment 4). Has member endorse the letter in his or her presence, gives member a copy and keeps original.

2.9.3.2. Gives the members who failed their fitness assessment an AF Form 1975 and explains its use at the same time member receives letter of enrollment in the FITE program.

2.9.3.3. Schedules appointment with IFPA during the next UTA.

2.9.3.4. Update codes in APDS/PCIII during the UTA the evaluation is taken.

2.10. Individuals. Meet and maintain Air National Guard fitness standards through participation in regular aerobic exercise throughout their military service and into retirement since they remain subject to recall for national emergencies.

2.10.1. Individuals entered into FITE program must keep their initial appointment for counseling with the IFPA. Failure to comply subjects member to administrative action.

2.10.2. Individuals in the FITE program must provide the AF Form 1075, showing participation in a self-paced fitness conditioning program to the UFPM for review during each UTA.

3. Fitness Assessment:

3.1. The fitness assessment consists of a 1.5-mile run or 3.0-mile walk. Members under age 35 may elect either assessment method. The IFPA in coordination with the MLO has the authority to determine if an individual must walk or can run. Specific performance standards for each method of assessment are contained in attachment 2.

3.1.1. Members who select the 1.5-mile run assessment must start by running; however, may run, jog, walk, or use any combination during the assessment.

3.1.2. Members who selected the 3.0-mile walk are limited to walking only. Members who jog or run during the 3.0-mile walk will be disqualified and retested.

3.1.3. The member's age during the month of the assessment determines the fitness standard to be used. If members are evaluated during their birth month, they will be evaluated at the older age.

3.2. Rehabilitative Efforts. Members who do not meet the fitness standards contained in attachment 2 will be retested no earlier than 90 days.

3.2.1. IFPA will counsel members who do not meet the ANGFP standards and assist in the design of a physical fitness program prescribed specifically for each member.

3.2.2. In addition, members will be given a copy of the starter program appropriate for their age (attachment 5, 6, or 7).

4. Annual Fitness Program Report:

4.1. The IFPA completes the Installation Fitness Program Report attaching the individual unit reports and forwards to State Headquarters NLT 15 October each year.

4.2. Each State Headquarters will consolidate the Unit Fitness Program Reports along with the unit reports for all installations located within the State and forward to ANG/MPP NLT 20 October of each year.

4.3. ANG/MPP will consolidate all state reports and forward a consolidated report to ANG/SG by 1 November of each year.

DONALD W. SHEPPERD
Major General, USAF
Director, Air National Guard

OFFICIAL

DEBORAH GILMORE
Chief
Administrative Services

- 9 Attachments
1. References, Abbreviations, Acronyms and Terms
 2. Fitness Performance Standards
 3. Sample Memorandum for Medical Evaluation Appointment
 4. Sample Memorandum for Entry into the Fitness Enhancement (FITE) Program
 5. Fitness Screening Questionnaire
 6. Starter Program - Age 29 and Under
 7. Starter Program - Age 30-49
 8. Starter Program - Age 50-59
 9. Annual Walk/Run Report

Attachment 1

REFERENCES, ABBREVIATIONS, ACRONYMS, AND TERMS

References:

AFI 36-3209 Separation Procedures for Air National Guard and Air Force Reserve Members, Oct 95
AF Form 1975 Personal Fitness Progress Chart
AF Form 422 Physical Profile Serial Report

Abbreviations and Acronyms:

AETC Air Education and Training Command
ANGFP Air National Guard Fitness Program
DBMS Director, Base Medical Services
MLO Medical Liaison Officer
FITE Fitness Enhancement
IFPA Installation Fitness Program Administrator
AGR Active Guard Reserve
BLS Basic Life Support
FTSQ Fitness Test Screening Questionnaire
UTA Unit Training Assignment
UFPM Unit Fitness Program Manager
PDS Personnel Data System
APDS/PCIII Advanced Personnel Data System/Personnel Concept III

Attachment 2**FITNESS PERFORMANCE STANDARDS**

AGE (Years)	1.5-mile Run Time (Minutes)		3.0-mile Walk Time (Minutes)	
	MALE	FEMALE	MALE	FEMALE
17-29	14:30	15:36	40:54	43:52
30-34	15:00	16:05	42:04	45:10
35-39	15:30	16:40	43:15	46:29
40-44	16:00	17:10	44:25	47:44
45-49	16:30	17:45	45:34	48:55
50+	17:00	18:15	48:19	52:02

Attachment 3

SAMPLE MEMORANDUM FOR MEDICAL EVALUATION APPOINTMENT

MEMORANDUM FOR (Medical Unit)

(date)

FROM: (IFPA)

SUBJECT: Medical Evaluation Appointment

Please medically evaluate (grade, name) IAW ANGI 40-501, Air National Guard Fitness Program. Upon completion of the medical evaluation, complete the endorsement below.

(signature, IFPA)

1st Ind., (Medical OPR)

TO: (IFPA)

1. I medically evaluated (grade, name) on (date).

2. The medical findings are as follows:

_____ Member (is/is not) medically cleared for fitness assessment. AF Form 422 is attached for members not cleared.

_____ Member should be scheduled for medical reevaluation in approximately _____ months.

(signature, MLO)

Attachment

AF Form 422 (if needed)

Attachment 4**SAMPLE MEMORANDUM FOR ENTRY INTO THE FITNESS
ENHANCEMENT (FITE) PROGRAM**

(Appropriate Letterhead)

MEMORANDUM FOR (members name)

(date)

FROM: (Unit Commander)

SUBJECT: Entry into the Fitness Enhancement (FITE) Program

Based on fitness assessment results (date), your fitness is below minimum standards, you are entered into the FITE program effective (date). You have been scheduled for mandatory counseling and an individualized fitness prescription with the IFPA (name, duty extension) on (date).

The FITE program is a rehabilitative program which consists of a minimum 90-day physical conditioning program. It is your responsibility to meet and maintain ANG fitness standards consistently throughout your military career. Failure to meet fitness standards after 6 months may prevent members from being eligible for reenlistment, voluntary retraining, intersquadron reassignment, or promotion. You are not allowed to attend AETC technical training while in the FITE program.

You will be given an AF Form 1975 today in order to document your participation in physical fitness activities. You must report to your UFPM (name, duty extension) each UTA with your AF Form 1975 for review. Failure to do so will warrant administrative action.

After you complete the 90-day FITE program, you will be reevaluated. You should make the personal commitment necessary to exercise regularly and meet the fitness standards during the first 90-day period. If you have not reached minimum fitness standards, you will be continued in the FITE program. Failure to meet the standard after 12 months could precipitate administrative action.

If you have questions concerning your enrollment in the FITE program, you may contact your supervisor, the UFPM, the first sergeant, or me. Acknowledge receipt and understanding by signing the endorsement below.

(Unit Commander's signature block)

1st Ind, (members name)

(date)

TO: (Unit Commander)

Receipt and understanding acknowledged.

(member's signature block)

Attachment 5

FITNESS SCREENING QUESTIONNAIRE

Name: _____ Rank: _____ SSN: _____

Unit: _____ Status (Circle one): AGR Traditional Guard Member

Height: _____ Weight: _____ DOB: _____ Age: _____ Sex: M/F

PART ONE:

1. Are you on a waiver for any physical reason? Yes No
If yes, please explain:

2. Are you a smoker? Yes No
If yes, how many packs per day do you smoke? _____
How many years have you smoked? _____
Do you have a chronic cough? Yes No
Do you have a shortness of breath? Yes No

Which of the following do you use?

cigarettes cigars pipe smokeless tobacco

3. Is there a family history of any of the following? Yes No
*High Blood Pressure _____ Diabetes _____
*Heart Attack _____ *Arthritis _____
High Blood Cholesterol _____

4. *Do you have or have you ever had high blood pressure? Yes No
If yes, when? _____

Were you treated? Yes No

Are you currently taken any other type of medication for high blood pressure? Yes No

Are you currently taken Beta Blockers and/or Calcium Channel Blockers? Yes No

5. *Do you have or have you had chest pains, pressure, or discomfort with physical activity or when at rest? Yes No

If yes, please describe. (Circle appropriate words)

a. Sharp? Aching? Stabbing? Constant (when present)? Intermittent?

b. Left chest? Right chest? Center chest? Goes away with rest?

c. Pain radiates to arm? Neck? Jaw? Shoulder?

d. Associated with nausea? Sweating? Weakness?

e. Associated with rapid or irregular pulse?

6. *Have you ever had a heart attack? Yes No
- If yes, when? _____
- Are you taking any medication? Yes No
- If yes, what type? _____
- How often? _____ How much? _____
- Have you had a heart operation? Yes No
- If yes, what kind? Coronary artery bypass
- Coronary angioplasty?
- _____
- When? _____
- Do you still have symptoms? Yes No

7. Do you have high blood cholesterol? Yes No Unsure
- If yes, have you been advised to eat a special diet? Yes No

8. Do you have any knee, ankle, foot, or back problems? Yes No
- If yes, please explain.

9. Do you often feel faint or have spells of severe dizziness? Yes No

10. Circle the days per week and minutes per day for each of the following:

-- Light activities (such as slow walking, golf, bowling).

Days per week	0	1	2	3	4	5	6	7
Minutes per day	0	5	10	15	20	25	30+	

-- Moderate activities (such as tennis, racquetball, basketball, dancing).

Days per week	0	1	2	3	4	5	6	7
Minutes per day	0	5	10	15	20	25	30+	

-- Vigorous activities (such as running (6 mph), cycling (12 mph), cross country skiing, mountain climbing, lap swimming, aerobics, stair stepping).

Days per week	0	1	2	3	4	5	6	7
Minutes per day	0	5	10	15	20	25	30+	

11. From the following exercises, which would you prefer as a conditioning program?
(circle at least 2)

	Aerobic Class Jogging	Stair Climbing Stationary Cycling	Cross-Training Aerobic Equipment	Walking Walk/Jog
12. Do you believe you will pass the Cycle Ergometry Fitness Test?				Yes No
Questions 13-14 (FEMALES ONLY)				
13. Are you pregnant?				Yes No
14. *Do you regularly take any prescription medicines besides oral contraceptives?				Yes No

Member's Signature/Date

* If any of these questions have been answered YES and the member is not physically active, refer to the MLO for medical evaluation.

PART TWO:

Medical Screening for Members Over the Age of 35

Do you have:

- a. A history of high blood pressure? Yes No
- b. A history of high cholesterol (greater than 220 mg%)? Yes No
- c. A recent history of smoking or use of tobacco products? Yes No
- d. A history of elevated blood sugar or diabetes? Yes No
- e. A history of coronary vessel disease or myocardial infarction in parents, grandparents siblings, or other first degree relatives before age 50? Yes No

If a male answers yes to two or more of the above, the program will recommend a referral for medical clearance.

If a female answers yes to three questions, the program will recommend a referral for medical clearance.

Some of the above may indicate that testing is NOT medically advisable. It is likely any condition severe enough to contra-indicate testing has resulted in medical advice restricting participation in exercise programs or strenuous activities.

If you feel that a medical clearance is needed, cancel your test and see a medical practitioner.

See your Unit Fitness Program Manger for a medical referral letter.

PART THREE:

Physical Fitness Questionnaire
Recertification Statement
(Completed at the Time of Testing)

I have read the foregoing information and hereby state that there has been no change in my status since I provided the original information.

Signature Age Date

Attachment 6

STARTER PROGRAM - Age 29 and Under

The time goals should be reached by the end of a week for all routines. If you find you cannot progress as fast as the chart suggests, repeat the last tolerable performance level for another week. Select an activity you enjoy. If you do not enjoy it, you will not stick with it.

Walking

Week	Distance (miles)	Time Goal (minutes)	Frequency per Week
1	2.0	34:00	3
2	2.0	32:00	4
3	2.0	30:00	5
4	2.5	38:00	5
5	2.5	37:00	5
6	2.5	36:00	5

Running/Jogging

Week	Activity	Distance (miles)	Time Goal (minutes)	Frequency per Week
1	Walk	2.0	32:00	3
2	Walk	3.0	48:00	3
3	Walk/Jog	2.0	26:00	4
4	Walk/Jog	2.0	24:00	4
5	Jog	2.0	22:00	4
6	Jog	2.0	20:00	4

Cycling

Week	Distance (miles)	Time Goal (minutes)	Frequency per Week
1	5.0	30:00	3
2	5.0	25:00	3
3	5.0	20:00	4
4	6.0	26:00	4
5	6.0	24:00	4
6	7.0	30:00	4

Attachment 6 (continued)**STARTER PROGRAM - Age 29 and Under**

Swimming

Week	Distance (yards)	Time Goal (minutes)	Frequency per Week
1	400	15:00	4
2	400	13:00	4
3	500	15:00	4
4	500	13:00	4
5	600	18:00	4
6	600	16:00	4
7	700	19:00	4
8	800	21:00	4
9	900	23:30	4

You may use any stroke.

Stationary Cycling

Week	Speed (mph/rpm)	Time Goal (minutes)	Pulse Rate After Exercise	Frequency per Week
1	15/55	8:00	less than 140	3
2	15/55	10:00	less than 140	3
3	15/55	12:00	less than 140	3
4	17.5/65	12:00	less than 150	4
5	17.5/65	14:00	less than 150	4
6	17.5/65	16:00	less than 150	4
7	17.5/65	16:00	more than 150	5
8	17.5/65	16:00	more than 150	5
9	20/75	18:00	more than 160	5
10	20/75	18:00	more than 160	5
11	25/90	20:00	more than 160	5
12	25/90	25:00	more than 160	4

During the first 6 weeks, warm up by cycling for 3 minutes, 17.5 to 20 mph, with no resistance, before beginning the actual workout. When finished, cool down by cycling for 3 minutes with no resistance. Add sufficient resistance so that your pulse rate (PR) for 10 seconds immediately after exercise $\times 6 =$ the specified rate. If it is higher, lower resistance before cycling again; if it is lower, increase the resistance.

Attachment 6 (continued)

STARTER PROGRAM - Age 29 and Under

Aerobic Dancing

Week	Time Goal (minutes)	Maximum (beats/minute)	Frequency per Week
1	10:00	110-120	3
2	10:00	110-120	4
3	15:00	120-130	3
4	15:00	120-130	3
5	15:00	120-130	4
6	20:00	130-140	3
7	20:00	130-140	3
8	20:00	130-140	4

Include a 10-minute warm-up before and a 10-minute cool-down after each exercise session.

Racquetball/Squash

Week	Time Goal (minutes)	Frequency per Week
1	30:00	3
2	30:00	3
3	30:00	3
4	45:00	3
5	45:00	3
6	45:00	3
7	20:00	4
8	25:00	4
9	30:00	4
10	40:00	4
11	45:00	4
12	60:00	4

During the first 6 weeks, the objective is to exercise the required time, but not continuously. Rest frequently. Time goals represent combined exercise/rest periods. Beginning with the 7th week, the time goals represent continuous exercise. Do not count breaks.

Attachment 7**STARTER PROGRAM - AGE 30-49**

The time goals should be reached by the end of a week for all routines. If you find you cannot progress as fast as the chart suggests, repeat the last tolerable performance level for another week. Select an activity you enjoy. If you don't enjoy it, you won't stick with it.

Walking

Week	Distance (miles)	Time Goal (minutes)	Frequency per Week
1	2.0	36:00	3
2	2.0	34:00	3
3	2.0	32:00	4
4	2.0	30:00	4
5	2.5	39:00	4
6	2.5	38:00	5
7	2.5	37:00	5
8	3.0	46:00	
9	3.0	45:00	5
10	3.0	44:00	4

Running/Jogging

Week	Activity	Distance (miles)	Time Goal (minutes)	Frequency per Week
1	Walk	2.0	34:00	3
2	Walk	2.5	42:00	3
3	Walk	3.0	50:00	3
4	Walk/Jog	2.0	25:00	4
5	Walk/Jog	2.0	24:00	4
6	Jog	2.0	22:00	4
7	Jog	2.5	20:00	4

Attachment 7 (continued)

STARTER PROGRAM - AGE 30-49

Cycling

Week	Distance (miles)	Time Goal (minutes)	Frequency per Week
1	4.0	20:00	3
2	4.0	18:00	3
3	5.0	24:00	4
4	5.0	22:00	4
5	5.0	20:00	4
6	6.0	26:00	4
7	6.0	24:00	4
8	7.0	30:00	4

Swimming

Week	Distance (yards)	Time Goal (minutes)	Frequency per Week
1	300	12:00	4
2	300	10:00	4
3	400	13:00	4
4	400	12:00	4
5	500	14:00	4
6	500	13:00	4
7	600	17:00	4
8	700	19:00	4
9	800	22:00	4
10	900	22:30	4

You may use any stroke.

Attachment 7 (continued)

STARTER PROGRAM - AGE 30-49

Stationary Cycling

Week	Speed (mph/rpm)	Time Goal (minutes)	Pulse Rate After Exercise	Frequency per Week
1	15/55	6:00	less than 140	3
2	15/55	8:00	less than 140	3
3	15/55	10:00	less than 140	3
4	15/55	12:00	less than 150	4
5	15/55	14:00	less than 150	4
6	15/55	16:00	less than 150	4
7	15/55	18:00	less than 150	5
8	15/55	20:00	less than 150	5
9	17.5/65	18:00	more than 150	5
10	17.5/65	20:00	more than 150	5
11	20/75	18:00	more than 150	5
12	20/75	20:00	more than 150	5
13	20/75	22:30	more than 150	5
14	25/90	25:00	more than 150	5

During the first 6 weeks, warm up by cycling for 3 minutes, 17.5 to 20 mph, with no resistance, before beginning the actual workout. When finished, cool down by cycling for 3 minutes with no resistance. Add sufficient resistance so that your pulse rate (PR) for 10 seconds immediately after exercise $\times 6 =$ the specified rate. If it is higher, lower resistance before cycling again; if it is lower, increase the resistance.

Aerobic Dancing

Week	Time Goal (minutes)	Maximum (beats/minute)	Frequency per Week
1	10:00	110-120	3
2	10:00	110-120	3
3	10:00	110-120	4
4	15:00	120-130	3
5	15:00	120-130	3
6	15:00	120-130	4
7	20:00	130-140	3
8	20:00	130-140	4

Include a 10-minute warm-up before and a 10-minute cool-down after each exercise session.

Attachment 7 (continued)

STARTER PROGRAM - AGE 30-49

Racquetball/Squash

Week	Time Goal (minutes)	Frequency per Week
1	20:00	3
2	25:00	3
3	30:00	3
4	30:00	3
5	40:00	3
6	40:00	3
7	20:00	4
8	25:00	4
9	25:00	4
10	30:00	4
11	35:00	4
12	40:00	4
13	45:00	4
14	50:00	4

During the first 6 weeks, the objective is to exercise the required time, but not continuously. Rest frequently. Time goals represent combined exercise/rest periods. Beginning with the 7th week, the time goals represent continuous exercise. Do not count breaks.

Attachment 8**STARTER PROGRAM - AGE 50-59**

The time goals should be reached by the end of a week for all routines. If you find you cannot progress as fast as the chart suggests, repeat the last tolerable performance level for another week. Select an activity you enjoy. If you do not enjoy it, you will not stick with it.

Walking

Week	Distance (miles)	Time Goal (minutes)	Frequency per Week
1	1.0	20:00	4
2	1.5	30:00	4
3	2.0	40:00	4
4	2.0	38:00	4
5	2.0	36:00	4
6	2.0	34:00	4
7	2.5	42:00	4
8	2.5	40:00	4
9	2.5	38:00	4
10	3.0	47:00	4
11	3.0	46:00	4
12	3.0	45:00	4

Running/Jogging

Week	Activity	Distance (miles)	Time Goal (minutes)	Frequency per Week
1	Walk	1.0	18:00	5
2	Walk	2.0	36:00	4
3	Walk	3.0	54:00	3
4	Walk	3.0	52:00	4
5	Walk/Jog	2.0	26:00	4
6	Walk/Jog	2.0	24:00	4
7	Jog	2.0	22:00	4
8	Jog	2.0	20:00	4

Attachment 8 (continued)

STARTER PROGRAM - AGE 50-59

Cycling

Week	Distance (miles)	Time Goal (minutes)	Frequency per Week
1	3.0	20:00	3
2	3.0	18:00	3
3	4.0	25:00	4
4	4.0	24:00	4
5	5.0	32:00	4
6	5.0	28:00	4
7	5.0	24:00	4
8	6.0	30:00	4
9	6.0	26:00	4
10	7.0	32:00	4
11	7.0	30:00	4
12	7.0	28:00	4

Swimming

Week	Distance (yards)	Time Goal (minutes)	Frequency per Week
1	300	15:00	4
2	300	12:00	4
3	400	15:00	4
4	400	13:00	4
5	500	16:00	4
6	500	14:00	4
7	600	17:00	4
8	600	15:00	4
9	700	20:00	4
10	700	18:00	4
11	800	22:00	4
12	800	20:00	4

You may use any stroke. Resting is encouraged during the initial weeks.

Attachment 8 (continued)**STARTER PROGRAM - AGE 50-59**

Stationary Cycling

Week	Speed (mph/rpm)	Time Goal (minutes)	PR After Exercise	Frequency per Week
1	15/55	4:00	less than 135	3
2	15/55	6:00	less than 135	3
3	15/55	9:00	less than 135	3
4	15/55	10:00	less than 140	4
5	15/55	10:00	less than 140	4
6	15/55	12:00	less than 140	4
7	15/55	14:00	less than 140	5
8	15/55	16:00	less than 140	5
9	15/55	18:00	less than 140	5
10	15/55	20:00	less than 140	5
11	17.5/65	18:00	less than 150	5
12	17.5/65	20:00	less than 150	5
13	20/75	20:00	less than 150	5
14	20/75	20:00	more than 150	5
15	20/75	25:00	more than 150	5
16	20/75	30:00	more than 150	4

During the first 6 weeks, warm up by cycling for 3 minutes, 17.5 to 20 mph, with no resistance, before beginning the actual workout. When finished, cool down by cycling for 3 minutes with no resistance. Add sufficient resistance so that your pulse rate (PR) for 10 seconds immediately after exercise $\times 6 =$ the specified rate. If it is higher, lower resistance before cycling again; if it is lower, increase the resistance.

Attachment 8 (continued)

STARTER PROGRAM - AGE 50-59

Aerobic Dancing

Week	Time Goal (minutes)	Maximum (beats/minute)	Frequency per Week
1	5:00	100-110	3
2	10:00	110-120	3
3	10:00	110-120	3
4	10:00	110-120	4
5	15:00	120-130	3
6	15:00	120-130	4
7	20:00	130-140	3
8	20:00	130-140	4

Include a 10-minute warm-up before and a 10-minute cool-down after each exercise session.

Racquetball/Squash

Week	Time Goal (minutes)	Frequency per Week
1	10:00	3
2	15:00	3
3	20:00	3
4	30:00	3
5	30:00	4
6	15:00	4
7	20:00	4
8	25:00	4
9	30:00	4
10	35:00	4
11	40:00	4
12	45:00	4
13	45:00	4
14	45:00	4
15	60:00	4

During the first 6 weeks, the objective is to exercise the required time, but not continuously. Rest frequently. Time goals represent combined exercise/rest periods. Beginning with the 7th week, the time goals represent continuous exercise. Do not count breaks.

Attachment 9**ANNUAL WALK/RUN REPORT**

A. STATE

B. TOTAL NUMBER OF ASSIGNED PERSONNEL

C. TOTAL NUMBER OF ASSIGNED PERSONNEL TESTED

D. PERCENT OF ASSIGNED PERSONNEL TESTED

E. TOTAL NUMBER FITNESS ASSESSMENTS COMPLETED AT PME OR OTHER SCHOOLS.
 (ITEMS C PLUS E SHOULD EQUAL ITEM B; IF NOT, SUBMIT RATIONAL AS ITEM K. BELOW)

F. TOTAL NUMBER OF ASSIGNED PERSONNEL TESTED AND PASSED

G. TOTAL NUMBER OF ASSIGNED PERSONNEL TESTED AND FAILED

H. NUMBER OF MEDICAL DEFERRALS

(THERE SHOULD ONLY BE THE THREE CATEGORIES LISTED BELOW. THERE ISN'T AN "OTHER" CATEGORY):

P4T = (MEDICALLY DISQUALIFIED FOR WORLD WIDE DUTY)

L2 = (LOWER EXTREMITY, MINOR LIMITATION)

PREGNANCY =

I. TOTAL NUMBER OF PERSONNEL ENTERED FITNESS IMPROVEMENT TRAINING
 (FIT)

J. NUMBER OF TOBACCO USERS:

CIGARETTES =

CIGARS =

PIPE =

SMOKELESS TOBACCO =

K. COMMENTS:

THE STATE WILL CONSOLIDATE ALL REPORTS INTO ONE STATE REPORT ATTACHING A COPY OF EACH INDIVIDUAL UNIT REPORT AND FORWARD TO ANG/MPPUR NLT 20 OCTOBER OF EACH YEAR. THIS FORMAT SHOULD BE FOLLOWED AND **STRICTLY ADHERED TO** IN ORDER TO EASE THE CONSOLIDATION OF 54 STATE REPORTS BY ANG/MPPUR.