

OHIO MILITARY RESERVE



Regulation 40-1

**PHYSICAL
EXAMINATION
AND
STANDARDS
OF PHYSICAL
FITNESS**

Headquarters, Ohio Military Reserve
Office of the Surgeon General
7172 First Street
Rickenbacker Airport
Columbus, Ohio
43217-1186

01 February 2007

Summary of Changes

The changes noted herein are only those changes of significance or which effect ongoing operations.
Changes in terminology, organization or other routine matters are not reflected.

OHMR Regulation 40-1, Physical Examination and Standards of Physical Fitness, dated 01 February 2007

Paragraph	Change
1-4b	Clarifies the process for requesting waivers of medical fitness.
4-6	Clarifies conducting a Physical Fitness Test and use of the Form 705, Physical Fitness Test Record.
4-7	Clarifies waivers for physical fitness.

OHMR Regulation 40-1

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Columbus, Ohio 43217-1186
01 February 2007

Physical Examination and Standards of Physical Fitness

By Order of the Governor:

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Summary. This Regulation sets forth policy and guidance for physical examinations and fitness standards of the OHMR.

Supersedes. This regulation supersedes OHMR 40-1, dated 24 April 2006.

Applicability. This regulation is applicable to all OHMR personnel including active personnel and personnel in Mobilization Designee (MOBDES) status.

Supplementation. Supplementation of this regulation and establishment of command and local policies are prohibited without prior written approval from the Surgeon General, OHMR-SU.

Suggested Improvements. Suggested improvements which may be considered for this regulation should be forwarded in writing to the proponent agency of this regulation, the Office of the Surgeon General, OHMR-SU, 7172 First Street, Rickenbacker Airport, Columbus, Ohio 43217-1186.

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1-1. Purpose. This regulation prescribes policies, responsibilities, and procedures for the use, preparation, and disposition of OHMR Form 88/93 (Medical Examination/Medical History). It provides medical fitness standards to insure uniformity in the medical evaluation of:

a. Candidates for military service or persons in the military service in terms of medical conditions and physical defects which are causes for rejection or unfitness for military service.

b. Candidates for, and persons in, certain enlisted military occupational specialties and officer duty assignments, in terms of medical conditions and physical defects which are causes for rejection or medical unfitness for those specialized duties.

1-2. Objectives. The objectives of this regulation are as follows:

a. Commission and enlist in the Ohio Military Reserve individuals who are:

1) free of contagious or infectious diseases which would be likely to endanger the health of other personnel.

2) free of medical conditions or physical defects which would require excessive time lost from duty by reason of necessary treatment or hospitalization or most probably result in separation from the service by reason of medical unfitness.

3) medically capable of satisfactorily completing required training.

4) medically adaptable to the military environment without the necessity of geographical area limitations.

5) medically capable of performing duties without aggravation of existing medical conditions or physical defects.

b. Provide for the timely separation from the Ohio Military Reserve those individuals whose continued performance of duty would compromise their health and well-being or prejudice the interests of the State of Ohio.

c. Provide realistic procurement and retention of officers and enlisted by medical fitness criteria, while excluding from consideration those individuals with medical conditions or physical defects which would compromise their health and well-being or prejudice the interests of the State of Ohio.

d. Effect the maximum utilization of physicians by procuring physicians who, although they may have medical conditions or physical defects which would ordinarily be cause for rejection for original entry into the military service, may be expected to perform appropriate military duties as physicians.

e. Provide general administrative guidelines for the conduct of military medical examinations and specific policy statements regarding the scope of these examinations, the manner of recording findings, and the frequency and validity periods of such examinations

1-3. Medical Classification. Individuals evaluated under the medical fitness standards contained in this regulation will be reported as indicated below:

a. Medically acceptable. Medical examiners will report as "medically acceptable" all individuals who meet the fitness standards established for the particular purpose for which examined. No individuals will be accepted on a provisional basis subject to the successful treatment or correction of a disqualifying condition.

b. Medically unacceptable. Medical examiners will report as "medically unacceptable" by reason of medical unfitness all individuals who possess any one or more of the medical or physical conditions listed in this regulation as a cause for rejection for the specific purpose for which examined, except as noted in subparagraph c. Examinees reported as medically unacceptable by reason of medical unfitness will be rejected when the medical fitness standards in chapter 2 apply.

c. Medically unacceptable-prior administrative waiver granted. Medical examiners will report as "medically unacceptable-prior administrative waiver granted" all individuals who do not meet the medical fitness standards for the particular purpose for which examined after a waiver has been previously granted and all the provisions of paragraph 1-4c apply.

1-4. Waivers.

a. Medical fitness standards cannot be waived by medical examiners or by the examinee.

b. Examinees initially reported as medically unacceptable by reason of medical unfitness when the medical fitness standards in Chapter 2 apply, may request a waiver of the medical fitness standards. OHMR Form 22-3, Request for Waiver, with appropriate documentation attached, if applicable, will be submitted through staff channels to the Deputy Chief of Staff, Personnel (G1). Waivers may be granted by the Commanding General, OHMR, with appropriate professional medical advice.

c. Waivers of medical fitness standards which have been previously granted apply automatically to subsequent medical actions pertinent to the program or purpose for which granted without the necessity of confirmation or termination when:

1) the duration of the waiver was not limited at the time it was granted, and

2) the medical or physical condition has not interfered with the individual's successful performance of military duty, and

3) the medical or physical condition waived was below retention medical fitness standards applicable to the particular program involved and the medical or physical condition has remained essentially unchanged, or

4) the medical or physical condition waived was below procurement medical fitness standards applicable to the particular program or purpose involved and the medical or physical condition, although worse, is within the retention medical fitness standards prescribed for the purpose or program involved.

Chapter 2

Medical Fitness Standards for Appointment, Enlistment and Retention

2-1. Scope.

This chapter sets forth the medical and physical conditions which are causes for rejection for military service in the Ohio Military Reserve.

2-2. Applicability.

These standards apply

a. to applicants for appointment as commissioned or warrant officers in the Ohio Military Reserve;

b. to applicants for enlistment in the Ohio Military Reserve;

c. to applicants for reenlistment in the Ohio Military Reserve;

d. to active officers and enlisted persons referred for reexamination by a medical officer or by commanders as subjects whose physical fitness may have fallen below these standards;

e. to periodic physical examinations as determined by Headquarters, Ohio Military Reserve.

2-3. Ears.

a. Auditory canal.

1) Atresia or severe stenosis of the external auditory canal, if bilateral.

2) Protruding tumors of the external auditory canal except mild exostoses.

3) Severe purulent external otitis, acute or chronic.

b. Auricle. Agenesis, severe; or severe traumatic deformity, unilateral or bilateral.

c. Mastoids.

1) Mastoiditis, purulent; acute or chronic.

2) Residual or mastoid operation with marked external deformity which precludes or interferes with the wearing of a gas mask or helmet.

3) Mastoid fistula.

d. Meniere's syndrome, severe.

e. Middle ear.

1) Acute or chronic suppurative otitis media. Individuals with a recent history of acute suppurative otitis media will not be accepted unless the condition is healed and a sufficient interval of time subsequent to treatment has elapsed to insure that the disease is in fact not chronic.

2) Acute or chronic serous otitis media.

3) Presence of attic perforation in which presence of cholesteatoma is suspected.

4) Repeated attacks of catarrhal otitis media; intact grayish, thickened drum(s).

f. Tympanic membrane

1) Any perforation of the tympanic membrane

g. Any defects of the ear which obviously preclude satisfactory performance of military duty or which require frequent and prolonged treatment.

2-4. Hearing. Hearing acuity level by whispered or spoken voice test hearing less than 8/15 bilateral; or less than 15/15 in one ear and less than 8/15 in one ear.

2-5. Upper extremities.

a. Limitation of motion - an individual will be unacceptable if the joint ranges of motion are less than:

1) Shoulder.

a) Forward elevation to 90 degrees.

b) Abduction to 90 degrees.

2) Elbow.

a) Flexion to 100 degrees.

b) Extension to 15 degrees.

3) Wrist: Total range of 15 degrees (extension plus flexion).

4) Hand.

a) Pronation to the first quarter of the normal arc.

b) Supination to the first quarter of the normal arc.

5) Fingers.

a) Inability to clench fingers.

b) With remaining fingers, inability to pick up a pin or needle and to grasp an object.

b. Hand and fingers: scars and deformities of the fingers and/or hand which

1) impair circulation,

2) are symptomatic,

3) draw attention away from a military appearance

4) or impair normal function to such a degree as to interfere with the satisfactory performance of duty

c. Wrist, forearm, elbow, arm, and shoulder: healed disease or injury of above with residual weakness or symptoms of such a degree as to preclude satisfactory performance of duty.

2-6. Lower extremities.

a. Limitation of motion: an individual will be considered unacceptable if the joint ranges of motion are less than:

1) Hip.

a) Flexion to 90 degrees.

b) Extension to 10 degrees (beyond 0).

2) Knee.

a) Full extension.

b) Flexion to 90 degrees.

3) Ankle.

a) Dorsiflexion to 10 degrees.

b) Plantar flexion to 10 degrees.

4) Toes: Stiffness which interferes with walking, marching, running, or jumping.

b. Foot and ankle. Absence, scar or deformity which impairs normal function such that running and jumping are precluded or which interferes with the satisfactory performance of military duty.

c. Leg, knee, thigh, and hip.

1) Dislocated semilunar cartilage, loose or foreign bodies within the knee joint, or history of surgical correction of same if

a) within the preceding six (6) months.

b) six months or more have elapsed since operation without recurrence and

(1) there is instability of the knee ligaments in lateral or anteroposterior directions in

comparison with the normal knee or abnormalities noted on x-ray or,

(2) there is significant atrophy or weakness of the thigh musculature in comparison with the normal side or,

(3) there is not acceptable active motion in flexion or extension, or

(4) there are other symptoms of internal derangement.

2) Authentic history or physical findings of an unstable or internally deranged joint causing disabling pain or seriously limiting function. Individuals with verified episodes of buckling or locking of the knee who have not undergone satisfactory surgical correction or if, subsequent to surgery, there is evidence of more than mild instability of the knee ligaments in lateral and anteroposterior directions in comparison with the normal knee, weakness or atrophy of the thigh musculature in comparison with the normal side or, if the individual requires medical treatment of sufficient frequency to interfere with the performance of military duty.

d. General.

1) Deformities of one or both lower extremities which have interfered with function to such a degree as to prevent the individual from following a physically active vocation in civilian life or which would interfere with the satisfactory completion of prescribed training and performance of military duty.

2) Diseases or deformities of the hip, knee, or ankle joint which interfere with walking, running or weight bearing.

3) Pain in the lower back or leg which is intractable and disabling to the degree of interfering with walking, running or weight bearing.

4) Shortening of a lower extremity resulting in any limp of noticeable degree.

2-6. Spine and sacroiliac joints.

a. Bone or joint lesions such as

1) arthritis,

2) complaint or injuring of the spine or sacroiliac joints,

3) deviation or curvature of the spine or pelvic bones,

4) protruded intervertebral disc,

5) spondylosis or,

6) spondylolisthesis which are sufficiently symptomatic or defective to interfere with the satisfactory performance of military duty.

2-8. Scapulae, clavicle, ribs.

a. Fractures, osteomyelitis, or prominent scapulae which may interfere with functions or with wearing the military uniform.

2-9. Miscellaneous musculoskeletal. The causes for rejection are:

a. Arthritis.

1) Active or subacute arthritis, including Marie-Strumpell type.

2) Chronic osteoarthritis or traumatic arthritis of isolated joints of more than minimal degree, which has interfered with the following of a physically active vocation in civilian life or which precludes the satisfactory performance of military duty.

3) Documented clinical history of rheumatoid arthritis.

4) Traumatic arthritis of a major joint of more than minimal degree.

b. Disease of any bone or joint, healed, with resulting deformity or rigidity that function is impaired to such a degree that it will interfere with military service.

c. Dislocation. Old unreduced; substantiated history of recurrent dislocations of major joints; instability of major joint, symptomatic and more than mild; or if, subsequent to surgery, there is evidence of more than mild instability in comparison with the normal joint, weakness or atrophy in comparison with the normal side, or if the individual requires medical treatment of sufficient frequency to interfere with the performance of military duty.

d. Fractures.

1) Malunited fractures that interfere significantly with function.

2) Ununited fractures.

3) Any old or recent fracture in which a plate, pin, or screws were used for fixation and left in place and which may be subject to easy trauma, i.e. as a plate tibia, etc.

e. Injury of a bone or joint within the preceding six (6) weeks, without fracture or dislocation, of more than a minor nature.

f. Muscular paralysis, contracture or atrophy, if progressive or of sufficient degree to interfere with military service.

g. Myotonia congenita. Confirmed, if sufficient to interfere with military service.

h. Osteomyelitis, active or recurrent, of any bone or substantiated history of osteomyelitis of any of the long bones unless successfully treated two (2) or more years previously without subsequent recurrence or disqualifying sequelae as demonstrated by both clinical and x-ray evidence.

i. Osteoporosis, if sufficient to interfere with military service.

j. Scars, extensive, deep, adherent, of the skin and soft tissues or neuromas of an extremity which are painful, which interfere with muscular movements, which preclude the wearing of military equipment, or that show a tendency to breakdown.

k. Chondromalacia, manifested by verified history of joint effusion, interference with function, or residuals from surgery.

2-10. Eyes. Any abnormality or disfunction of lid, conjunctiva, cornea, uveal track, retina, optic nerve, lens, ocular mobility and motility, of an existing eye such as to be contagious or threaten continuity of vision or impairment of visual function.

2-11. Vision.

a. distant visual acuity of any degree which does not correct to at least one of the following:

- 1) 20/40 in one eye and 20/70 in the other eye.
- 2) 20/30 in one eye and 20/100 in the other eye.
- 3) 20/20 in one eye and 20/400 in the other eye.
- 4) 20/20 in one eye, in the absence of the other eye.

2-12. Heart.

a. All organic diseases of the heart, coronary artery disease, myocardial infarction, electrocardiographic evidence of major arrhythmias, hypertrophy or dilation of the heart, myocardial insufficiency, paroxysmal tachycardia, or persistent tachycardia, which is sufficient to interfere with military duty.

2-13. Vascular system.

a. Congenital or acquired lesions of the aorta or major vessels, hypertension, marked circulatory instability, peripheral vascular disease, thrombophlebitis, varicose veins, or varicose ulcer, sufficient to interfere with the satisfactory performance of military duty.

b. Miscellaneous cardiovascular abnormalities such as aneurysm of the heart or major blood vessels, congenital or acquired, history and evidence of a major congenital abnormality of the heart or major vessels, or substantiated history of rheumatic fever or chorea, sufficient to interfere with the satisfactory performance of military duty.

2-14. Cutaneous tissues.

a. Any communicable skin disorder.

b. Any chronic skin disorder of a degree or nature which requires frequent outpatient treatment or hospitalization, that interferes with satisfactory performance of military duty, or so disfiguring as to detract from a military appearance.

c. Tattoos on any part of the body which in the opinion of the examiner are obscene or so extensive on exposed areas as to be considered unsightly or grossly detract from a military appearance.

2-15. Systemic disease.

a. Any systemic disease such as dermatomyositis, lupus erythematosus, progressive systemic sclerosis, Reiter's disease, sarcoidosis, diffuse scleroderma, or active tuberculosis in any form or location, any of which are sufficiently manifest as to interfere with satisfactory performance of military duty.

2-16. General and miscellaneous conditions and defects.

a. Miscellaneous abnormalities such as allergic rhinitis, moderate to severe, allergic dermatoses, severe; bronchial asthma, moderate to severe; uncontrolled diabetes mellitus; any acute or chronic communicable disease, any malignant tumor, any benign tumor which may interfere with the satisfactory performance of military duty.

b. Insufficient physical capacity or stamina to perform sustained effort for recurrent moderate periods in the satisfactory performance of military duty.

Chapter 3

Medical History and Physical Examination

3-1. Medical History. An examinee may complete the medical history portion of OHMR Form 93 himself to the degree that he is able in advance of the medical examination. The history should be reviewed with the examiner for completeness and correctness of medical descriptions.

3-2. Physical Examination.

a. A physical examination for enlistment, appointment or determination of status may be conducted by any licensed physician, registered nurse or, in some cases, a military medical specialist designated by the OHMR Surgeon General. Except when conducted by military medical personnel at the direction of the OHMR Surgeon General, any costs associated with the examination will be borne by the examinee.

b. The examiner will use an OHMR Form 88, Medical Examination, as a guide for conducting the examination and will record the findings thereon. The form must be signed by the examiner.

c. A physical examination completed by a physician for some other purpose, and not more than three months prior to the date of enlistment or appointment, may be submitted by the examinee in lieu of being examined again. It will be securely attached (stapled) to the back of the individual's OHMR Form 88 and a notation made on the medical examination section of the form.

Chapter 4

Height, Weight, and Physical Fitness Standards

4-1. Evaluation.

a. All persons enlisting or applying for appointment must meet these standards.

b. All soldiers will be evaluated annually in conjunction with their annual EER or OER.

c. All soldiers will be evaluated when applying for entry into a resident professional development course, or when being considered for promotion.

d. Mobilization Designee (MOBDES) personnel will adhere to the same standard and will schedule testing with their home unit.

4-2. Failure to meet standards.

a. Persons seeking enlistment or appointment who do not meet the standards will be rejected. Soldiers applying for a resident professional development course or for promotion who do not meet the standards will not be considered.

b. Failure to meet any of the standards at any other time an evaluation is required will initiate a progressive remedial action:

1. Upon the first incident of failure, the soldier will be counseled and given three months to show significant improvement toward the required goal.

2. If significant progress has been made but the required goal was not achieved within the first three months, the soldier will be counseled and given an additional three months to improve his scores. During that time, the soldier is limited to wearing the class C uniform and restricted from participating in activities which require class A or B uniform.

3. If, following the six months of remedial actions described above, the soldier has not achieved the required standards, the soldier will be involuntarily separated.

4-3. Weight to Height

a. See Appendix A.

b. As of the date of publication, these weight to height standards are in effect only for enlistment or appointment, resident professional development courses, and promotion. Effective 01 January 2007, they will become the required standard at all times.

4-4. Waist to Hip Ratio

a. Recent research and global studies have indicated that Waist to Hip ratio is a better predictor of the risk of heart attack and general health than body-mass index, the current standard.

b. The standard ratio is less than 0.95 for male soldiers and less than 0.80 for female soldiers. If the ratio exceeds these standards, the soldier should be counseled that this is an unhealthy weight distribution and should be advised to enter a medically supervised weight management program.

c. Determine the waist to hip ratio by obtaining the measurements as shown below and working the calculation as described.

1. Measure the waist at the widest point (generally at the navel) using a tape measure.

2. Measure the hips at the widest point (generally at the point of the buttocks) using a tape measure.

3. Divide the waist measurement by the hip measurement. The resultant sum is the waist to hip ratio.

d. As of the date of publication, these waist to hip standards are in effect only for enlistment or appointment, resident professional development courses, and promotion. Effective 01 January 2007, they will become the required standard at all times.

4-5. Physical Fitness Test. See Appendix B. As of the date of publication, these physical fitness standards are in effect only for enlistment or appointment, resident professional development courses, and promotion. Effective 01 January 2007, they will become the required standard at all times.

4-6. Testing.

a. All fitness testing is voluntary and done at the individual's sole discretion and responsibility; no

soldier or applicant can be ordered to complete the testing requirements. However, by electing to not complete the testing, the individual voluntarily disqualifies and makes himself ineligible for those activities or actions which require successful completion of a physical fitness test.

b. Any person designated by the testing unit's commander may conduct the testing. However, when conducting the waist to hip ratio measuring, only females may measure females.

c. The OIC, NCOIC, or medical personnel have the authority to restrict any member from participating in physical fitness testing. Testing will be conducted in PT clothes, or at the soldier's option, Class C uniform without the blouse and with running shoes in lieu of boots.

d. All elements of the fitness test must be completed in a single testing session; the individual may not do part of the test one day and part the next. There is no limit on the number of times an individual may attempt any or all of the components of the test, so long as it is done the same day. The OIC or NCOIC of the testing session will determine the start and finish of the session.

e. Individuals may rest flat on the floor in the exercise position between situps and pushups. The resting time counts as part of the total elapsed time.

f. Form 705, Physical Fitness Test Record, (see Appendix C) will be used to record the results of a soldier's physical fitness test. The form may be completed by any NCO or officer assigned to conduct and validate testing.

g. The individual conducting the test will fill in the test results in pen as they occur. Result will be compared to Regulation 40-1, Appendixes A and B, to determine requirements and GO/ NO GO status. The appropriate box will be checked. The form will then be signed by the soldier being tested and the testing/validation NCOIC or OIC.

h. The test record will be filed in the soldier's local Military Personnel Records Jacket (MPRJ) and a copy forwarded to DCSPER, OHMR for inclusion in the soldier's centralized MPRJ. Additional copies may be distributed as needed (example: with promotion recommendation or school application).

4-7. Waivers

a. Physical fitness standards cannot be waived by examiners or by the examinee.

b. Examinees initially reported as physically unacceptable by reason of physical unfitness based on the physical fitness standards in this chapter, may request a waiver of the physical fitness standards. OHMR Form 22-3, Request for Waiver, with appropriate documentation attached, will be submitted through staff channels to the Deputy Chief of Staff, Personnel (G1). Waivers may be granted by the Commanding General, OHMR, with appropriate professional medical advice.

c. Physical fitness waivers will not be granted for simply being chronically overweight, out of shape, or too old. There must be a documented medical basis of physical impediment or impairment which precludes the application of one or more of the standards of this chap-

ter but which does not impair the individual's ability to perform military duty. In all cases of waiver, an alternative measure, or measures, of physical fitness testing will be required.

c. Waivers of physical fitness standards which have been previously granted apply automatically to subsequent medical actions pertinent to the program or purpose for which granted without the necessity of confirmation or termination when:

1) the duration of the waiver was not limited at the time it was granted, and

2) the medical or physical condition has not interfered with the individual's successful performance of military duty, and

3) the medical or physical condition waived was below retention medical fitness standards applicable to the particular program involved and the medical or physical condition has remained essentially unchanged, or

4) the medical or physical condition waived was below procurement medical fitness standards applicable to the particular program or purpose involved and the medical or physical condition, although worse, is within the retention medical fitness standards prescribed for the purpose or program involved.

Weight to Height Table

1. Height is measured in stocking feet without shoes or boots, standing on a flat surface with the chin parallel to the floor. The body should be straight but not rigid, similar to the position of attention. The measurement will be rounded as follows:
 - a. If the fraction is less than ½ inch, round down to the next whole number.
 - b. If the fraction is more than ½ inch, round up to the next whole number.
2. Weight is measured and recorded to the nearest pound following these guidelines:
 - a. If the fraction is less than ½ pound, round down to the next whole number.
 - b. If the fraction is more than ½ pound, round up to the next whole number.
3. This chart is designed for weight measurements taken in a standard PT uniform (gym shorts and T-shirt; without shoes). Alternatively, measurements may be taken in a standard Class C uniform (BDU) consisting of blouse, trousers, belt, undershirt, underwear, and socks without boots. In this case, subtract 4½ pounds from the measured weight to calculate the soldier's equivalent weight.
4. For soldiers over 80 inches, add 6 pounds per inch for males and 5 pounds per inch for females to calculate table weights.

Height (in inches)	Male Age				Female Age			
	17-20	21-27	28-39	40+	17-20	21-27	28-39	40+
58	x	x	x	x	121	124	128	132
59	x	x	x	x	125	129	132	137
60	147	151	154	157	129	133	137	141
61	151	155	160	162	133	138	141	145
62	157	160	164	167	139	143	147	152
63	161	165	170	173	143	148	152	157
64	167	171	175	178	148	152	157	161
65	172	176	181	183	152	157	161	165
66	178	181	186	189	157	162	167	171
67	183	188	189	193	161	165	171	176
68	189	193	199	201	167	171	176	182
69	194	199	204	209	171	175	181	186
70	200	205	210	213	176	181	186	192
71	205	210	215	219	181	185	191	196
72	211	216	222	231	185	191	196	203
73	216	222	228	231	191	196	202	209
74	223	229	234	238	198	203	210	215
75	229	235	241	244	203	209	215	222
76	235	241	248	251	210	215	222	229
77	242	248	254	258	214	221	228	234
78	248	254	261	264	220	226	233	240
79	254	261	268	271	225	232	239	246
80	260	266	274	278	231	238	244	252

APPENDIX B (Physical Fitness Tables) to Regulation 40-1 (Physical Examination and Standards of Physical Fitness)

Physical Fitness Tables

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1. The OIC, NCOIC, or medical personnel have the authority to restrict any member from participating in physical fitness testing.
 2. Physical Fitness testing will be conducted in PT clothes, or at the soldier's option, Class C uniform without the blouse and with running shoes in lieu of boots.
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Situps - 2 minutes

Age	17-21	22-26	27-31	32-36	37-41	42-46	47-51	52-56	57-61	62+
Male	21	19	17	15	13	12	11	10	9	8
Female	20	18	16	14	12	11	10	9	8	7

Pushups - 2 minutes

Age	17-21	22-26	27-31	32-36	37-41	42-46	47-51	52-56	57-61	62+
Male	17	16	15	13	13	10	9	6	5	4
Female	7	6	6	6	5	5	4	4	3	2

1 Mile - timed

Age	17-21	22-26	27-31	32-36	37-41	42-46	47-51	52-56	57-61	62+
Male	11:13	11:42	12:11	12:43	13:09	13:37	13:52	14:00	14:35	14:50
Female	13:23	13:52	14:50	16:02	16:32	17:00	17:15	17:30	17:51	18:05

APPENDIX C (Physical Fitness Test Record) to Regulation 40-1 (Physical Examination and Standards of Physical Fitness)

1. Form 705, Physical Fitness Test Record, will be used to record the results of a soldier's physical fitness test. The form may be completed by any NCO or officer assigned to conduct and validate testing.
2. The individual conducting the test will fill in the test results in pen as they occur. Result will be compared to Regulation 40-1 to determine requirements and GO/ NO GO status. The appropriate box will be checked. The form will then be signed by the soldier being tested and the testing/validation NCOIC or OIC.
3. The test record will be filed in the soldier's local MPRJ and a copy forwarded to DCSPER, OHMR for inclusion in the soldier's centralized MPRJ. Additional copies may be distributed as needed (example: with promotion recommendation or school application).