

DEPARTMENT OF THE AIR FORCE FITNESS EDUCATION AND INTERVENTION PROCESSING

AUTHORITY: 10 U.S.C. 9013
 PURPOSE: To provide members appropriate evaluation and feedback regarding their progress towards meeting Fitness Program standards and to document attendance in the FIP program.
 ROUTINE USES: None
 DISCLOSURE: Voluntary, failure to furnish information will not change your status in the Fitness Program. The failure of command, command representatives or facilitators to sign, annotate, or otherwise complete the AF 108 in no way lessens the member's overarching responsibility for his/her fitness and compliance with AF fitness standards. Facilitators' signatures merely documents attendance in FIP. It is the member's responsibility to implement and use information, tools, and resources to improve their fitness level.

SECTION I. INDIVIDUAL INFORMATION

NAME <i>(Last, First, Middle Initial)</i>				RANK	
DATE OF BIRTH	FITNESS ASSESSMENT DATE	DUTY PHONE		UNIT	
				AF Form 469 YES <input type="checkbox"/> NO <input type="checkbox"/>	
1.5-MILE RUN SCORE / TIME:	20-METER HAMR SCORE / TIME:	HT: WT:	P/U SCORE / NUMBER	HRPU SCORE / NUMBER	S/U CLRC PLANK SCORE NUMBER
					COMPOSITE SCORE

SECTION II. EDUCATION AND INTERVENTION INFORMATION

Participation in the Fitness Improvement Plans (FIP) will be accomplished in accordance with local policies and capabilities. The purpose of FIP is to provide courses and training options that are available at your location to support a self-driven improvement program. Acknowledge intervention options within 10 duty days of your Unsatisfactory PFA.

Option 1:	Option 2:	Option 3:
Option 4:	Option 5:	Option 6:

By signing below, the member accepts full responsibility for improving their fitness level, completing program requirements and, if appropriate providing documentation of program compliance.

MEMBER SIGNATURE/ DATE _____

UFPM SIGNATURE/ DATE	UNIT COMMANDER SIGNATURE/ DATE
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Member completed the _____? YES NO N/A

FACILITATOR SIGNATURE/ DATE _____

Member completed the _____? YES NO N/A

FACILITATOR SIGNATURE/ DATE _____

Member completed the _____? YES NO N/A

FACILITATOR SIGNATURE/ DATE _____

Member has submitted a copy of FIP completion to UFPM? YES NO N/A

UFPM SIGNATURE/ DATE _____

SECTION III. COMMANDER'S REVIEW / COMMENTS: (Reference paragraph 5.3 in DAFMAN 36-2905)

UNIT COMMANDER NAME AND GRADE	SIGNATURE	DATE
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