

**COMMANDER'S PHYSICAL READINESS CERTIFICATION
(Height/Weight/APFT Results)**

TO:

FROM: COMMANDER

SUBJECT: COMMANDER'S PHYSICAL READINESS CERTIFICATION

NAME:

UNIT:

HEIGHT:

WEIGHT:

DATE:

TAPE TEST:

BODY FAT PERCENTAGE:

DATE OF MOST CURRENT APFT:

APFT PASS/FAIL SCORE:
(include copy of DA Form 705)

PHYSICAL LIMITATIONS OR PROFILE:
(provide copy of profile (s))

HEIGHT, WEIGHT, BODY FAT PERCENTAGE IS REQUIRED FOR INDIVIDUALS WHO ARE TAPE TESTED. THIS

INFORMATION IS REQUIRED WITHIN 60 DAYS OF A FAVORABLE ACTION.

CERTIFIED:

DATE: