





## United States Service Academy Candidate Fitness Assessment

Form Approved -OMB# 0702-0061 Expires 2/28/2006



The public reporting burden for this collection of information is estimated to average 50 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to Department of Defense, Weshington Headquarters Services, Directorate for Information Operations and Reports (0702-0861), 1215 Jefferson Davis Highway, Suite 1204, Artington, VA 22202-4302. Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with the collection of information if it does not display a corrently valid OMB control number. Please DO NOT RETURN this form to the above address. Send your completed form in business reply envelope provided.

address. Send your completed form in business reply envelope provided.
PRIVACY ACT STATEMENT. AUTHORITY: Title 5 USC, Cb 403 Sec 4346, Ch 505 Sec 5031, Ch 603 Sec 6958; Title 44 USC 3101: EO 0397. PRINCIPAL PURPOSE; Collection of date on Academy candidate for opening a file. ROUTINE USE: To gather information on a candidate in order to open a file for admission to West Point. DISCLOSURE IS VOLUNTARY. However, failure to provide information could precinde appointment.

## FOLLOW THESE STEPS IN FILLING OUT THIS QUESTIONNAIRE:

- 1) Use a black ball point pen only. Do not use felt tip pen or pencil. Do not slash your 0's, 7's, or Z's.
- 2) Completely fill in all bubbles:

Yes

 $\bigcirc$  No

3)	For	optimum	accuracy,	write	block	style	without	touching	sides:

ABCDEFGHIJKO123456

4) If you make an error, completely cross out entry and re-write.

5) Do not send in a photo copy of this form. Only the original will be read.

First Name To Be Completed By Candidate	M.I. Social Security Number		
Last Name  Candidate Signature:	1 000 00 0000 2 000 00 0000 3 000 00 0000 4 000 00 0000 5 000 00 0000 6 000 00 0000 7 000 00 0000 8 000 00 0000		
Administering Official Printed Name, Title and Phone:  Administering Official Signature and Date:	Date of Exam    Month Day Year		
TATALLIAN AND ATTACK ATTACK ATTACK ATTACK			

## To Be Completed By Administering Official

The student named above is applying for admission to U.S. Service Academies. Please complete this part of the form as accurately as possible. Return completed form in the business reply envelope provided.

Basketball Throw (Record the best of 3 results in Feet)	Pull-Ups (For Men or Women) Flexed Arm Hang (For Women only)  Number of Repetitions Seconds Tenths
1 000 2 000 3 000 4 000 5 000 6 000 7 000 8 000 9 000 0 000	1 00 0 2 00 0 3 00 0 0 0 0 0 0 0 0 0 0 0



Modified Sit-Ups (Record the best of 2 results)			
Number of Repetitions  1 000 2 000 3 000 4 000 5 000 6 000 7 000 8 000 9 000			
1Mile Run			
Minutes . Seconds  1 00 00 2 00 00 3 00 00 4 00 00 5 00 00 6 00 00 7 00 00 8 00 00 9 00 00			
mstances Comments by Candidate who Withdraws			