

Supervisor

PHILIPPINE COAST GUARD COAST GUARD SPECIAL SERVICE OFFICE PHYSICAL FITNESS TEST FORM



			Ctrl Nr.	Personal Copy	
NAME:			Pate of Birth:		
,		d serial no. for uniformed personnel)			
	e: Sex: Height: Weight:				
Unit Assignment:	Purpose of F	PFT:			
	<u>To be fille</u>	d up by CGMED represer	<u>ntative</u>		
Fit to perform PF	T Not fit to perform	n PFT Remarks:	CGMFD	Representative	
	To be filled	d up by CGSSO represent			
Date:		Place:			
PUSH-UPS	SIT-UPS	SIT & REACH	DISTANCE RUN () 3.2 km () 2km () 1km		
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Supervisor	COAST GUA	OIC, PFT Branch LIPPINE COAST GUARD ARD SPECIAL SERVICE EAL FITNESS TEST FO	OFFICE	Office Copy	
NAME:		F	Date of Birth:		
(Include rai	nk and serial no. for uniformed	personnel)			
Age: Sex: _	Height:	Weight:	Mobile Nr:		
Jnit Assignment:	Purpose of F	PFT:			
	<u>To be fille</u>	d up by CGMED represer	ntative		
Fit to perform PF	T Not fit to perform	n PFT Remarks:	CGMED	Representative	
	<u>To be fille</u>	d up by CGSSO represen	ntative		
Date:		Place:			
PUSH-UPS	SIT-UPS	SIT & REACH	DISTANCE RUN () 3.2 km () 2km ()	DISTANCE RUN () 3.2 km () 2km () 1km	
1	/	1	1	ı	
acknowledge that the foregoing	ing information is true and co	rrect to the best of my know	wledge.		

OIC, PFT Branch

Examinee