I. TEST INFORMATION

<table>
<thead>
<tr>
<th>DATE</th>
<th>START TIME (Local)</th>
<th>TEST SITE NAME/ADDRESS (Street Address, City, State/Country &amp; Postal Code)</th>
</tr>
</thead>
</table>

RECRUITER (Rank, Last Name, First Name, MI)  
RIC CODE  
UNIT  
TEST: INITIAL:  
EAD:  
OTHER(Explain):  

II. APPLICANT'S INFORMATION

| RANK | NAME (Last, First, Middle Initial) | DESKFILE ID:  
|------|-----------------------------------|--------------|

ADDRESS (Street Address, City, State/Country & Postal Code)  
TELEPHONE  
Home  
Work  
Mobile  

III. TEST RESULTS

<table>
<thead>
<tr>
<th>TEST COMPONENT</th>
<th>Final Results</th>
<th>CAREER FIELD STANDARDS</th>
</tr>
</thead>
</table>
| Pull-ups in 2 Minutes | Total Repetitions: 8 P F  
Minimum 2-Minute Rest Period | PJ (1T2X1)  
CCT (1C2X1)  
SOWT (1W0X2)  
TACP (1C4X1)  
SERE (1T0X1)  
EOD (3E8X1)  |
| Sit-ups in 2 Minutes | Total Repetitions: 50 P F  
Minimum 2-Minute Rest Period | PJ/CCT/SOWT Only  
Not Tested |
| Push-ups in 2 Minutes | Total Repetitions: 40 P F  
Minimum 10-Minute Rest Period | PJ/CCT/SOWT/TACP  
Not Tested |

1.5 Mile Run

| Lap Times (Use spaces as needed for test facility) | Finish Time:  
<table>
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<tbody>
<tr>
<td>1. 2. 3. 4. 5.</td>
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<tr>
<td>6. 7. 8. 9. 10.</td>
<td></td>
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<tr>
<td>16. 17. 18. 19. 20.</td>
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<tr>
<td>21. 22. 23. 24. 25.</td>
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<tr>
<td>Lap Distance</td>
<td>Finish Time:</td>
</tr>
<tr>
<td>----------</td>
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</tr>
<tr>
<td>500m Swim</td>
<td>DATA ONLY</td>
</tr>
</tbody>
</table>

25m Underwater Swim 1 (PJ/CCT/SOWT Only)

3-Minute Rest Period

| Finish Time:  
|------|----------|
| 10:20 P F  
10:20 P F  
10:20 P F  
11:00 P F  
11:00 P F |

25m Underwater Swim 2 (PJ/CCT/SOWT Only)

Minimum 10-Minute Rest Period

| Finish Time:  
|------|----------|
| 12:30 P F  
12:30 P F  
12:30 P F  
12:30 P F  
200m Swim |

500m Surface Swim (PJ/CCT/SOWT/TACP)

200m Surface Swim (SERE Only)

| Lap Times (Use spaces as needed for test facility) | Finish Time:  
<table>
<thead>
<tr>
<th></th>
<th></th>
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</thead>
<tbody>
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<td>Lap Distance</td>
<td>Finish Time:</td>
</tr>
<tr>
<td>----------</td>
<td>----------</td>
</tr>
<tr>
<td>500m Swim</td>
<td>DATA ONLY</td>
</tr>
</tbody>
</table>

IV. CERTIFICATION

APPLICANT: I certify that I was administered the PAST and have validated all information on this worksheet.  
APPLICANT’S SIGNATURE  
DATE

TEST ADMINISTRATOR CERTIFICATION: I certify that I am trained and certified to conduct the PAST and that the applicant named above was tested at the recorded time and location, and performed as recorded above.  
TEST ADMINISTRATOR (Rank, Name, Unit/Office & Signature)  
DATE

COMMANDER’S ENDORSEMENT:  
COMMANDER’S NAME & SIGNATURE  
DATE

PAST WORKSHEET, 20190301  
Previous Editions Are Obsolete  
Worksheet OPR: AETC/A3S (AETC.BAT.Directorate@us.af.mil)  
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