

PHYSICAL ABILITY STAMINA TEST (PAST) EVALUATION WORKSHEET

I. TEST INFORMATION

DATE	START TIME (<i>Local</i>)	TEST SITE NAME/ADDRESS (<i>Street Address, City, State/Country & Postal Code</i>)			
RECRUITER (<i>Rank, Last Name, First Name, MI</i>)		RIC CODE	UNIT	TEST: INITIAL:	EAD:
				OTHER(Explain):	

II. APPLICANT'S INFORMATION

RANK	NAME (<i>Last, First, Middle Initial</i>)	DESKFILE ID:	EAD
ADDRESS (<i>Street Address, City, State/Country & Postal Code</i>)		TELEPHONE Work	Home Mobile

III. TEST RESULTS

TEST COMPONENT	Final Results	CAREER FIELD STANDARDS					
		PJ (1T2X1)	CCT (1C2X1)	SOWT (1W0X2)	TACP (1C4X1)	SERE (1T0X1)	EOD (3E8X1)
Pull-ups in 2 Minutes Total Repetitions:		8 P F	8 P F	8 P F	8 P F	8 P F	3 P F
Minimum 2-Minute Rest Period							
Sit-ups in 2 Minutes Total Repetitions:		50 P F	50 P F	50 P F	50 P F	48 P F	<i>Not Tested</i>
Minimum 2-Minute Rest Period							
Push-ups in 2 Minutes Total Repetitions:		40 P F	40 P F	40 P F	40 P F	48 P F	<i>Not Tested</i>
Minimum 10-Minute Rest Period							
1.5 Mile Run							
Lap Times (<i>Use spaces as needed for test facility</i>)							
1.	2.	3.	4.	5.			
6.	7.	8.	9.	10.			
11.	12.	13.	14.	15.			
16.	17.	18.	19.	20.			
21.	22.	23.	24.	25.			
Lap Distance _____	Finish Time:	10:20 P F	10:20 P F	10:20 P F	10:20 P F	11:00 P F	11:00 P F
Minimum 30-Minute Rest Period							
25m Underwater Swim 1 (PJ/CCT/SOWT Only)		Finish P F	Finish P F	Finish P F	<i>Not Tested</i>	<i>Not Tested</i>	<i>Not Tested</i>
3-Minute Rest Period							
25m Underwater Swim 2 (PJ/CCT/SOWT Only)		Finish P F	Finish P F	Finish P F	<i>Not Tested</i>	<i>Not Tested</i>	<i>Not Tested</i>
Minimum 10-Minute Rest Period							
500m Surface Swim (PJ/CCT/SOWT/TACP) 200m Surface Swim (SERE Only)							
Lap Times (<i>Use spaces as needed for test facility</i>)							
1.	2.	3.	4.	5.			
6.	7.	8.	9.	10.			
11.	12.	13.	14.	15.			
16.	17.	18.	19.	20.			
21.	22.	23.	24.	25.			
Lap Distance _____	Finish Time:	12:30 P F	12:30 P F	12:30 P F	12:30 P F	10:00 P F	<i>Not Tested</i>
PAST QUALIFIED FOR CAREER FIELD		Yes No	Yes No	Yes No	Yes No	Yes No	Yes No

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 (<i>Rank, Name, Unit/Office & Signature</i>)	DATE
	Duty Phone: Mobile Phone:	EMAIL
COMMANDER'S ENDORSEMENT: I certify that the Test Administrator above is fully qualified to administer the Physical Ability and Stamina Test (PAST).	COMMANDER'S NAME & SIGNATURE	UNIT DATE