

**PHYSICAL ABILITY STAMINA TEST (PAST) EVALUATION WORKSHEET**

**I. TEST INFORMATION**

DATE	START TIME	TEST SITE (NAME/ADDRESS)		
RECRUITER/ EVALUATOR ( <i>Rank, Last, First, MI</i> )		RIC CODE	UNIT	Circle: NPS PS AD Guard/Reserve

**II. APPLICANT'S INFORMATION**

Flight	NAME ( <i>Last, First, Middle Initial</i> )	Applicant ID:	Date of Birth:
ADDRESS		TELEPHONE	EMAIL

**III. TEST RESULTS**

TEST COMPONENT	Final Results				
		SWOE	AFSPECWAR	EOD	SERE
<b>Pull-ups in 2 Minutes</b> Total Repetitions:		8 P F	8 P F	3 P F	8 P F
2-Minute Rest Period					
<b>Sit-ups in 2 Minutes</b> Total Repetitions:		50 P F	50 P F	Not Tested	48 P F
2-Minute Rest Period					
<b>Push-ups in 2 Minutes</b> Total Repetitions:		40 P F	40 P F	Not Tested	40 P F
10-Minute Rest Period					
<b>1.5 Mile Run</b>					
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	11:00 P F	11:00 P F
30-Minute Rest Period					
<b>25m Underwater Swim 1</b>		Finish P F	Finish P F	Not Tested	Not Tested
3-Minute Rest Period					
<b>25m Underwater Swim 2</b>		Finish P F	Finish P F	Not Tested	Not Tested
10-Minute Rest Period					
<b>500m Surface Swim</b>					
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:	15:00 P F	12:30 P F	Not Tested	Not Tested
<b>PAST QUALIFIED FOR CAREER FIELD</b>		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:	ADMINISTRATOR ( <i>Printed Name</i> )	DATE:
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.	ADMINISTRATOR SIGNATURE:	UNIT:
	EMAIL:	PHONE:
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