



**PNP Physical Fitness Test
CY 2020**



Revised Form: 01-2016 (For 51 years old & above)
(Fill-up this form properly! Incomplete Data, No PFT Results)

Control Number: _____

Running #: _____

Date Taken: _____

PNP ID #: _____

Steps:

1. Registration: _____
(Secretariat Name & Signature)
2. Measurement:
Height: _____ Weight: _____ Waistline: _____
Result: _____ (**Obese over 15 lbs**)
3. BP: 1st BP: _____ 2nd BP: _____
4. ECG: _____
5. GO / No GO: _____
(Physician Name & Signature)

Examiner's Name & Signature

Full Name: Last Name, _____		First Name, _____		M.I. _____	Rank _____	Sex _____
Date of Birth: _____		Age: _____		PNP Badge Number: _____		
Office: (Print Complete Office/Unit Assignment) _____						

Events	Raw Score	Rating	Member/Scorer's Name & Signature (PNCO)	Team Leader's Name & Signature (PCO)
Stretching (10 minutes)				
1.5 Kilometer Walk				
TOTAL			REMARKS:	

(Performer's Signature)

Noted: _____
PLTCOL LEOPOLDO M FERRER JR
Over-all event Supervisor



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Full Name: Last Name, _____		First Name, _____		M.I. _____	Rank _____	Sex _____
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REMARKS:				Control Number: _____		

(Performer's Signature)

Noted: _____
PLTCOL LEOPOLDO M FERRER JR
Over-all event Supervisor