



DEFENCE INSTRUCTIONS (AIR FORCE)

Department of Defence (Air Force Headquarters)
CANBERRA ACT 2600

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Amendments to Defence Instructions (Air Force) Personnel are issued pursuant to section 9A of the *Defence Act 1903*.

M.D. BINSKIN, AM
Air Marshal
Chief of Air Force

ISSUE NO PERS 5/2009

DI(AF)	Action Required	Information
PERS 53-13 AMDT NO 6 Complete Revision	<i>Physical fitness in the Royal Australian Air Force</i>	Revised Instruction
	Remove existing Instruction ISSUE NO PERS 4/2003 of 16 MAY 2003 (AL5) and destroy.	

On completion of the above action, make appropriate adjustments to the Table of Contents, List of Effective Pages and the DI(AF) Indexes, annotate the Issue Certificate and if a holder of master volumes, retain and file this Cover Sheet.

PHYSICAL FITNESS IN THE ROYAL AUSTRALIAN AIR FORCE

INTRODUCTION

1. The Royal Australian Air Force (RAAF) requires its personnel to achieve and maintain a high standard of physical fitness irrespective of age, rank, specialisation or mustering to facilitate the discharge by the Air Force of its role in the defence of Australia.
2. Air Force personnel require standards of physical fitness and strength to enable them to undertake operational deployments at short notice. They are required to have sufficient cardiovascular reserve to sustain high levels of activity for prolonged periods of time and to optimise heat acclimatisation.
3. Operational deployments often necessitate movement to and employment in, areas where the climatic conditions are harsher and more physically demanding than those that are normally experienced. Therefore, it is a requirement for Air Force personnel to maintain an appropriate level of physical fitness to accommodate the demands of their duties both in a deployed and home environment. Poor management of physical fitness could have a dramatic and negative impact on mission specific operations and personnel wellbeing.
4. The primary responsibility for maintaining the required level of physical fitness belongs to the individual, and the prescribed level of physical fitness for each member can be achieved by regular participation in fitness activity programs plus the adoption of a healthy lifestyle. To assist the member, the RAAF Physical Fitness Program (PFP) has been designed to ensure that all members achieve and maintain a level of physical fitness appropriate to their military and specialist duties. This preventive health strategy aims to ensure that individuals are fit to undertake operational duties and to conserve the workforce by reducing morbidity and premature death.

AIM

5. The aim of this Instruction is to detail the:
 - a. methods of evaluating physical fitness;
 - b. method of assisting members to achieve the prescribed standard of physical fitness;
 - c. standards of physical fitness to be achieved and maintained (detailed in [annex A](#)); and
 - d. administrative procedures to be followed to conduct the RAAF PFP.

SCOPE

6. All members of the Permanent Air Force and the RAAF Active Reserve (RAAFAR) must comply with the requirements of this Instruction.

DEFINITIONS

7. For the purposes of this Instruction, the following definitions apply:
 - a. **Physical fitness.** Physical fitness is defined as the possession of sufficient energy and physical ability to perform tasks without suffering unduly from the effects of fatigue. The three components of physical fitness are body composition, musculo-skeletal strength and aerobic (or endurance) fitness.
 - b. **Physical Fitness Standard (PFS).** PFS is defined as that level of Body Mass Index (BMI), muscular strength and aerobic fitness required by RAAF personnel to perform their military role.
 - c. **Obesity.** Obesity is defined in [Health Directive \(HD\) 206—Overweight and Obesity](#).

- d. **Sub-maximal testing.** Sub-maximal physical fitness testing involves exercise performed to a level that does not reach maximal effort. It provides a reasonably accurate reflection of an individual's fitness and has an acceptably low risk of cardiovascular complications.
- e. **Physical Fitness Test (PFT) Pass.** PFT Pass is defined as a pass in all components of the PFT in accordance with RAAF Individual Readiness requirements, as defined in [Defence Instruction \(Air Force\) \(DI\(AF\)\) OPS 4–8—Individual Readiness](#).
- f. **PFT Restricted Pass.** PFT Restricted Pass is defined as a pass with restrictions where the member has passed the aerobic component of the PFT, however, due to a medical condition the member is unable to undergo either or both of the muscle strength components. This only applies to members with a Medical Employment Classification (MEC) 2 that specifies the member has a medical condition that requires employment restrictions, however, they remain fit for duties in their employment category in a deployed environment in accordance with [Defence Instruction \(General\) \(DI\(G\)\) PERS 16–15—Australian Defence Force Medical Employment Classification System](#) (filed as AIR FORCE PERS 52–6) and [HD 236—Medical Employment Classification procedures](#).
- g. **PFT failure.** PFT failure is defined as either the failure to attend and undertake the PFT, or the failure to pass the PFT. PFT failure does not apply to a member granted a PFT Restricted Pass in accordance with the provisions of paragraph 7.f.
- h. **Annual.** Annual is defined as a period no greater than 12 months from previous successful completion of the PFT.
- i. **PFT 'Due Date'.** The PFT 'Due Date' is defined as either:
 - (1) the date on which the PFT is due for completion, as promulgated by individual unit Commanding Officers (CO) as part of a structured testing schedule to ensure compliance by each member of the unit with the requirements of this Instruction; or
 - (2) where a self-regulatory application of the PFT is the most efficient means of administering the PFT, (apart from members posted overseas where paragraph 20.h. applies and the member is required to meet the Specialist PFS) the date to be applied is five working days from the anniversary of the previous PFT.
- j. **Muscular endurance.** Muscular endurance is defined and measured as a repetition of sub-maximal contractions or sub-maximal holding time.
- k. **Muscular strength.** Muscular strength is defined as the maximal force that can be exerted in a single voluntary contraction.
- l. **Aerobic capacity.** Aerobic capacity is a measure of oxygen consumption and utilisation.

ROYAL AUSTRALIAN AIR FORCE PHYSICAL FITNESS PROGRAM

Program components

- 8. The PFP comprises two components:
 - a. a PFT to evaluate physical fitness; and
 - b. a Physical Conditioning Program (PCP) to improve and/or maintain physical fitness.

9. **The RAAF PFT** caters for testing **sub-maximal** aerobic fitness and local muscular endurance, taking into account the physiological differences of gender and age. The components of the PFT are designed to be:

- a. simple to perform;
- b. indicative of the basic requirements for operational deployment; and
- c. sub-maximal in nature to measure **minimum requirements** rather than **maximal performance** and thereby reduce the health risk to susceptible individuals associated with maximum exertion.

The 2.4 km run/walk test is to be undertaken by members of the Specialist Group (defined in [paragraph 12.](#)). The 5 km walk test may be undertaken by members of the Operational Readiness Group as an alternative to the 2.4 km run/walk test. Both tests are to be conducted using the protocol detailed in [annex D](#) of this Instruction.

10. **PCP.** The PCP addresses the physical fitness/activity needs of two groups of Air Force members: those individuals who require physical fitness training to allow compliance with the RAAF PFS and those individuals who meet the RAAF PFS but wish to further develop or maintain their physical fitness:

- a. **PCP design.** In each case, the PCP is to be tailored by the Physical Training Instructor (PTI) for the individual by taking into account the member's age, lifestyle, body weight, dietary needs and personal preferences.
- b. **PCP for standard compliance.** The PCP is to be designed, assuming adherence by the member, to allow a second PFT to be conducted at 90 days to reassess the member's compliance with their PFS.

PHYSICAL FITNESS STANDARDS

11. The level of physical fitness required of Air Force personnel to perform their military duties will vary. Individuals deployed operationally may be required to perform physical duties in excess of those normally required in peacetime. The method of testing physical fitness is identical for all Air Force members, however, the PFS to be achieved and maintained by each member varies with age, gender and the activity level required of certain groups. There are two PFS, namely, Specialist PFS and Operational Readiness PFS.

Specialist Physical Fitness Standard

12. Ground Defence Officers and Airfield Defence Guards under the age of 45 years, plus all PTIs constitute the Specialist Group that must achieve and maintain the Specialist PFS. To ensure that this standard is maintained, personnel in this group are to be assessed by PFT every six months, in March and September, to determine compliance with the standard specified in [annex A](#). Personnel employed in these specialisation/musterings require a high level of physical fitness and strength commensurate with the specialist nature of their duties. Personnel in these specialisation/musterings who are employed in staff positions or employed out of category are also required to meet and maintain this standard.

Operational Readiness Physical Fitness Standard

13. All Air Force personnel who are not included in the Specialist Group, as detailed in [paragraph 12.](#), are in the Operational Readiness Group and must meet the Operational Readiness PFS. To ensure this standard is maintained, personnel in this group are to be assessed by PFT at least once every 12 months to determine compliance with the standard specified in [annex A](#). The exception to this will be Ground Defence Officers and Airfield Defence Guards 45 years of age and over plus all Fire Fighters and Security Police. This group is required to be assessed six monthly in March and September, to determine compliance with the Operational Readiness PFS. The Operational Readiness PFS is the minimum physical fitness performance standard required for all members of the Air Force. It is one of the components of RAAF individual readiness.

14. The standards stated above represent the minimum levels of physical fitness required of Air Force members and are to be applied as the benchmark for a member's participation in operations, adventurous training and formal sporting activities. For members undergoing induction training courses at the Australian Defence Force Academy (ADFA), Officer Training School (OTS) and 1 Recruit Training Unit (1RTU), the provisions of paragraph 20.g. are to apply.

Additional test requirements

15. Additional physical fitness testing and competency based specialist skills proficiency evaluation for the Ground Defence and Security Police specialisations are required by the specialisation Sponsors. The Physical Employment Tests and Physical Employment Standards to be undertaken by Ground Defence Officers and Airfield Defence Guards are detailed in [Australian Air Publication \(AAP\) 4138.001—Ground Defence Training](#). The Operational Safety Skills Training to be undertaken by the Security Police is detailed in [AAP 4332.001—RAAF Security Police General Procedures Manual](#).

16. All Aircrew, Air Traffic Control and Air Combat Officers are required to have their MEC validated annually. Individual members are responsible for ensuring that their MEC is current prior to undertaking their annual PFT.

Call-up of members for Physical Fitness Test

17. COs and military supervisors are responsible for ensuring that the members under their command or direction are scheduled for testing at least once every 12 months in consultation with PTI staff. The CO or military supervisor may authorise members, who will not be available for testing on the PFT 'Due Date' due to factors beyond the member's control, to be rescheduled for a PFT within 90 days.

18. **Australian Defence Force Rehabilitation Program (ADFRP).** Air Force members who are on an ADFRP may be exempt from undertaking the PFT. COs and military supervisors should consult with the relevant Medical Officer (MO/Rehabilitation Case Officer or refer to [DI\(G\) PERS 16–22—Australian Defence Force rehabilitation program](#) for further direction on this issue.

Preparation for test

19. All Air Force members are to maintain a level of physical readiness/fitness that enables them to successfully complete their PFT assessment at any time. Regular moderately strenuous exercise performed on alternate days or more frequently is recommended. On request, a PTI will design a PCP for an individual's specific needs.

ADMINISTRATION OF THE PHYSICAL FITNESS PROGRAM

20. Responsibilities:

- a. **CO/Director/manager/supervisor (as appropriate)** is responsible for:
 - (1) ensuring that all Air Force members under their command and control maintain the PFS required as a component of Individual Readiness for deployment as directed by the Chief of Air Force;
 - (2) appointing a Unit Physical Fitness Test Liaison Officer (PFTLO) to coordinate testing and maintain records of PFT currency as a component of individual readiness for all members of the unit;
 - (3) ensuring all personnel under their command perform the PFT as stated in [paragraph 12.](#) and [13.](#);
 - (4) encouraging individuals to undertake physical activity to achieve and maintain the relevant PFS;
 - (5) authorising up to three hours of work time per week to maintain physical fitness;
 - (6) ensuring that individuals who fail the PFT undertake a PCP and are reassessed within 90 days from date of PFT failure to determine compliance with the relevant PFS;

- (7) ensuring that a member who fails the PFT be granted the option to submit themselves for a re-test at any time within 90-day PCP period; and
 - (8) initiating administrative action as detailed in the flow chart in [annex B](#) of this Instruction, for those members who fail to meet the required PFS.
- b. **Australian Defence Force Personnel Centre—Canberra (ADFPC–C).** Specific procedures for handling the administration of PFT for Air Force ADFPC–C members are in place. To facilitate the administrative procedures, the CO ADFPC–C may release a directive that stipulates the annual designated PFT 'Due Date'. In general terms, individual Directors assume the responsibilities of the CO ADFPC–C in respect of administrative action up to the failure following the retest of the initial PFT; that is, up to but not including Unit Formal Warning action. To maintain equity in the program, the CO ADFPC–C will initiate the following administrative procedures as required:
- (1) Advise Directors (through the nominated PFTLO) of members under their control who have failed the PFT in accordance with this Instruction. A standard record of counselling form will also be forwarded to facilitate the administrative process.
 - (2) The record of counselling is to be returned to CO ADFPC–C within 14 days of receipt of advice.
 - (3) If a member's failure of the initial PFT has not been administered within 14 days, the CO ADFPC–C or their delegate will initiate administrative action for failure and will formally counsel the member on the requirement to pass the PFT.
 - (4) CO ADFPC–C will initiate Formal Warning and Adverse Report procedures.
- c. **PFTLO.** PFTLOs are responsible for:
- (1) establishing a structured testing schedule and monitoring compliance by each member of the unit with the requirements of this Instruction;
 - (2) maintaining records of member's compliance and availability for testing;
 - (3) administering results and raising formal documentation relating to PFT failure in accordance with this Instruction; and
 - (4) ensuring the CO/Director/manager/supervisor is kept advised of current PFT status of members under their command and control.
- d. **Health facilities.** COs and Senior Medical Officers of all health facilities providing care to Air Force personnel are responsible for advising unit CO/Director/manager/supervisor in accordance with [DI\(G\) PERS 16–15](#) in relation to MEC and medical issues which affect a member's ability to comply with the requirements of this Instruction.
- e. **PTI.** PTIs are responsible for:
- (1) liaison with the CO/Director/manager/supervisor through PFTLO to program testing of personnel; and
 - (2) the conduct of the PFP in accordance with [annex D](#) of this Instruction.
- f. **Individual members.** Individual members are responsible for:
- (1) knowing the PFS applicable to their category or mustering at their current unit;
 - (2) ensuring that they achieve and maintain that PFS; and
 - (3) making contact with the PTI to arrange for an appointment for a PCP and to present for a required retest of PFS.

- g. **Induction Training courses (ADFA, OTS, 1RTU)—Initial Fitness Test (IFT).** Members undergoing induction training are required to pass the IFT prior to graduating from course. For administrative and reporting purposes, the successful completion of the IFT in accordance with [DI\(AF\) PERS 33-4—Physical training and assessment during Royal Australian Air Force courses](#) equates to members passing their initial PFT.
- h. **Members posted overseas.** Members posted to overseas locations other than Butterworth are to pass a PFT in the year preceding their posting. Members are to be encouraged to maintain a satisfactory level of fitness throughout their posting overseas and will be required to complete a PFT within 90 days of return to Australia.
- i. **Members posted to isolated establishments.** Members posted to isolated establishments are to pass a PFT in the year preceding their posting. The nearest or most accessible RAAF Base will provide PTI support including at least one annual visit with follow up support as required. Members working in a tri-Service environment with access to fully qualified Army or Navy PTIs may be assessed in accordance with the protocols as detailed in [annex D](#) to this Instruction. It is the member's responsibility to ensure that the appropriate documentation is raised to validate the PFT. It is the member's parent unit's responsibility to ensure that PFT failure is administered in accordance with this Instruction. In particular, the provisions in [paragraph 27](#) are to be adhered to.
- j. **Members deployed.** The responsibility of ensuring that a member is fit for deployment is vested in a member's CO or military supervisor. Before certifying a member's suitability for deployment, a CO or military supervisor must be confident that the member meets the minimum standard of physical fitness required by the appropriate authority for the training, exercise or operation about to be undertaken. For this purpose, the CO or military supervisor may require that any member under their command complete a PFT prior to deployment. On a prolonged deployment, CO/Director/manager/supervisor may deem it necessary to apply the PFT in accordance with the provisions of [paragraph 29](#) to confirm members' adherence to an appropriate physical training regime commensurate with operational tempo and to ensure mission specific physical training strategies applied by the PTIs are achieving the required outcomes. However, the results of a test conducted in a deployment location cannot be used as a basis for adverse administrative action unless the member has been given adequate opportunity for acclimatisation to deployment conditions.
- k. **RAAF Reserve members.** Members of the Air Force Reserve employed on continuous full-time service under [section 4J\(3\)](#) of the *Air Force Act 1923* are required to undertake the PFT annually. Members of the RAAFAR and RAAF Specialist Reserve who occupy a Band 1, 2, or 3 wartime establishment position are required to undertake the PFT annually.
- l. **Pregnant members.** Once a pregnancy is confirmed by an authorised medical practitioner, the member is not to perform a PFT. When the member returns from Maternity Leave and resumes duty, she must obtain MO certification of medical fitness. Upon MO certification as 'medically fit for full duties', the member is granted 90 days before she is required to comply with an annual PFT. Members also have the option of being placed on a reconditioning program.

Conduct of the Physical Fitness Test

21. Prior to undertaking the PFT, members are responsible for advising the PTI of any medical restriction/condition that could affect their ability to complete any of the test components. Prior to conducting the PFT, the PTI is to ask members if they are feeling well and able to undertake the test. The PTI is to continuously monitor members' performance throughout the test. For the safety of individuals, the PTI may stop the test at any time (refer to [annex D](#)).

22. **Acclimatisation.** Whenever possible, members identified for deployment are to be given an opportunity, prior to deployment, to acclimatise to more demanding environmental conditions that could be expected in the area of operations. This will frequently involve members undertaking acclimatisation training in a representative pre-embarkation location, and then being tested to measure their adaptation to the more extreme conditions. A minimum acclimatisation period of five days is recommended. For ease of administration, testing will usually be conducted in the format of a PFT; however, no administrative action is to apply to members who initially fail due to slow acclimatisation. Members who initially fail the PFT in the pre-embarkation location are to undertake remedial training and subsequent testing until the CO is satisfied that their fitness level will not place them or others at greater risk under deployment conditions. Where there is insufficient opportunity to provide for acclimatisation before deployment, and post-deployment conditions permit, COs may implement an acclimatisation program of remedial training in the deployment location, and test the acclimatisation of deployed members using the PFT format. The results of such testing cannot be used as the basis for adverse administrative action unless the member has been given adequate opportunity for acclimatisation to deployment conditions.

23. **Sequence of the test.** The aerobic and muscular strength components of the test are to be conducted consecutively. The sequence of the components is at the discretion of the PTI. Members must however, pass each component of the test in order to successfully complete the PFT. Members may be given the opportunity to reattempt any failed component of the PFT immediately following their initial attempt of all components. The test components of the PFT are to be conducted by a PTI. Failure of any of the components of the PFT requires the member to undertake a 90-day PCP. Following completion of the PCP, a further PFT is to be conducted.

24. **Administrative procedures.** To assist with the efficiency of PFT testing and associated administrative procedures, the following is to apply:

- a. **PFT Due Date.** On the designated PFT 'Due Date', as directed by individual unit COs or military supervisors, and where a member has not sought or been given dispensation as per the provisions of [paragraph 17.](#), a member scheduled to undertake the PFT must be classified as either 'TESTED' or 'NOT TESTED'.
- b. **Temporarily Medically Unfit (TMU).** On the designated PFT 'Due Date', members declared as TMU are not to be tested. These members are to have their medical condition monitored by a MO and either classified 'fit' for the PFT within eight weeks from the initial [Form PM 101—Medical or Dental Fitness Advice](#) (available on the Defence Web Forms System) being received, or processed in accordance with [DI\(G\) PERS 16–15](#). The MO is to advise the member's CO or military supervisor.
- c. **Reporting.** The results of the PFT, and when undertaken, PCP and subsequent PFT, are to be reported to the member's CO or military supervisor by the PTI via the PFTLO.
- d. **Unfit for PFT.** If a member is not cleared fit to undertake a PFT, or if a member presents as TMU on the designated PFT Due Date, the member is to be classified as unfit for the PFT. The MO is to advise the member's CO or military supervisor that the PFT should be delayed on medical grounds, determine and supervise the provision of health care and initiate Medical Employment Classification Review (MECR) action as necessary in accordance with [DI\(G\) PERS 16–15](#). After eight weeks, where MECR is not deemed appropriate, if the MO is satisfied with the member's compliance and commitment to the management regimen established at the initial consultation, but is still unable to clear the member 'fit' for PFT, the MO may recommend a further eight weeks deferment. The member's CO or military supervisor is to be informed.

MEDICAL FITNESS

25. **Medical disability.** For the purposes of this Instruction and the application of the PFT, a medical disability may be classified as short or long-term:

- a. **Short-term.** When a member has a medical condition requiring a restriction of employment for less than eight weeks and does not require non-effective posting action, the member's CO or military supervisor is to be advised by [Form PM 101](#). MECR action in this case is not required. A member presenting the PTI with a [Form PM 101](#) is not to be PFT tested until cleared by the MO to undertake all components of the PFT.
- b. **Long-term.** For the purposes of this Instruction, a long-term medical disability is defined as one that is greater than eight weeks.

26. Individuals with a long-term medical disability that prevents their participation in the undermentioned components of the PFT are to undergo the following administrative procedures:

a. **Muscular strength test components:**

- (1) **Specialist PFS.** If a member who is required to meet the Specialist PFS has a long-term medical disability that prevents the undertaking of the muscular strength test components of the PFT, MECR action in accordance with [DI\(G\) PERS 16–15](#) is to be initiated by the MO to determine the member's suitability to remain in that specialisation/mustering. A MEC that specifies employment restrictions is to be applied. In all but exceptional circumstances, a minimum of a MEC 2 is to apply. Subsequent PFT reporting and recording is to reflect a RESTRICTED PASS upon successful completion of the aerobic fitness test.
- (2) **Operational Readiness PFS.** If a member who is required to meet with the Operational Readiness PFS has a long-term medical disability that prevents the undertaking of the muscular strength test elements of the PFT, MECR action in accordance with [DI\(G\) PERS 16–15](#) is to be taken to reflect the restriction for a muscular strength element of the PFT. In all but exceptional circumstances, a minimum of a MEC 2 is to be applied. Subsequent PFT reporting and recording is to reflect a RESTRICTED PASS upon successful completion of the aerobic fitness test.

b. **Aerobic fitness test:**

- (1) **Specialist PFS.** A member required to meet the Specialist PFS does not have the option of undertaking the 5 km walk test as an alternative to the 2.4 km run/walk test, unless as an interim measure, they receive formal approval from the CO or military supervisor. Factors that may influence the decision to allow the walk option include a medical condition which may influence the member's ability to run and/or other extenuating circumstances. In these circumstances the walk time to be applied is a minute faster than the Operational Readiness PFS walk time as stated in [annex A](#). If a member of this group has a long-term medical disability that prevents the undertaking of this element of the PFT, MECR action in accordance with [DI\(G\) PERS 16–15](#) is to be initiated by the MO to determine the member's suitability to remain in that specialisation/mustering. In all but exceptional circumstances, a minimum of a MEC 3 is to be applied. Personnel classified as MEC 3 are medically unfit for deployment.
- (2) **Operational Readiness PFS.** Any member who is required to meet the Operational Readiness PFS may elect to undertake the 5 km walk test in lieu of the 2.4 km run/walk test. If a member of this group has a long-term medical disability that prevents the undertaking of either test, the member is to be assessed with regard to their fitness for the duties of specialisation or mustering. In accordance with [DI\(G\) PERS 16–15](#), action is to be initiated to reflect the restriction of the aerobic fitness element of the PFT. In all but exceptional circumstances, a minimum of a MEC 3 is to be applied. Personnel classified as MEC 3 are medically unfit for deployment.

ADMINISTRATIVE ACTION FOR PHYSICAL FITNESS TEST FAILURE

Action by Commanding Officer or military supervisor

27. A member who fails the PFT is to have the failure notified to their CO or military supervisor by a PTI via their PFTLO. The CO or military supervisor or their authorised military delegate is to counsel the member formally on the requirements to pass the PFT. A record of counselling is to be placed on the member's service documents to accompany them on posting. A copy is to be forwarded to Directorate Personnel—Air Force (DP-AF) or Directorate Personnel Reserves—Air Force (DPR-AF) as applicable and placed on the member's Personal History File.

28. The CO or military supervisor may delegate any necessary administrative action in relation to failure of initial PFT, but in normal circumstances, should not delegate administrative action arising from failure of a PFT retest.

29. Where a second PFT failure occurs, Formal Warnings are to be issued by the member's CO, or by the military supervisor if they hold the required authority to take these actions. Adverse Reports are to be issued in the case of a third PFT failure. For all PFT failures, whether initial or from a retest, administrative action is to be applied within 14 days from the date of PFT failure. DP-AF or DPR-AF as applicable, is to be advised of any reason why this requirement can not be met. The CO or military supervisor is to direct the member to undertake a PCP and second PFT (complete PFT—not individual components) within 90 days from the date of PFT failure.

30. In order to assist members to meet their military duties and operational responsibilities, members who fail the PFT are permitted to submit themselves for a retest any time within the 90-day PCP period, resulting in the following action:

- a. **PFT pass.** A PFT 'pass' is recorded as the members last successfully completed PFT; or
- b. **PFT failure.** A PFT 'failure' is not to be recorded, and administrative action remains in accordance with the initial PFT failure.

A member's CO or military supervisor may direct that a further test be conducted within the 90-day PCP period. If this occurs, the action detailed above is to apply.

31. If a CO or military supervisor has reason to believe that a member has fallen below the minimum standard of fitness required for their specialisation and age group, the CO or military supervisor may require the member to complete an assessed PFT. The CO or military supervisor has the authority to require this testing, regardless of the period that has elapsed since the member has passed their annual/biannual PFT. If the member fails to achieve the required standard on this PFT, the CO or military supervisor is to formally counsel the member and place them on a PCP. Administration of the member is to be identical to the situation where a member has failed their annual/biannual PFT.

Formal Warning procedures

32. If a member fails the first PFT retest, but in all other aspects remains deployable, the CO or military supervisor is to initiate Formal Warning procedures in accordance with [DI\(G\) PERS 35-6—Formal Warnings and Censures in the Australian Defence Force](#). The member is to undertake a further PCP and second PFT retest within a 90-day period.

33. If a member passes the PFT on the third attempt, the action specified in [DI\(G\) PERS 35-6](#); with regard to release from unit formal warnings should be implemented. If the member fails the PFT on the third attempt, the CO is to initiate Adverse Report procedures in accordance with [DI\(AF\) PERS 4-19—Administrative sanctions in the Royal Australian Air Force](#), annex C. Further action resulting in possible discharge will be at the discretion of Air Force Headquarters.

34. Notwithstanding the annual PFT procedures detailed in this Instruction, members who continue to fail the PFT on successive initial attempts and are required to undergo PCP training may also be subject to a Formal Warning if it is apparent that they are not making a reasonable effort to maintain the necessary PFS.

Medical assessment

35. A member who fails an initial PFT for non-medical reasons and then presents TMU on the designated PFT retest day, is to receive counselling from the CO or military supervisor on the process set out in this paragraph. The member is to be monitored by the MO, and either classified 'fit' to perform the PFT in eight weeks from the initial [Form PM 101](#) date, or processed in accordance with [DI\(G\) PERS 16–15](#). In such circumstances, if a member is subsequently cleared fit and presents for a PFT retest and fails, the normal administrative process for a second PFT failure is to apply.

36. Members with a medical condition that affects their ability to undertake individual components of the PFT are to be assessed by a MO and given remedial training prior to undertaking the test in accordance with the *Defence Safety Manual* (SAFETYMAN), [volume 1](#)—'General' and [volume 2](#)—'Military'. Medical restrictions to performing components of the PFT are only to apply where the member has been allocated a MEC which specifies employment restrictions in accordance with [DI\(G\) PERS 16–15](#).

CONTACT DETAILS

37. Comments/inquiries on the content of this Instruction are to be forwarded to Air Force Headquarters (PTI), R1–6–C075A, Department of Defence, CANBERRA ACT 2600, telephone (02) 6265 5459.

Related orders and instructions

[DI\(G\) PERS 14–2](#)—*Australian Defence Force policy on sport*

[DI\(G\) PERS 14–3](#)—*Defence policy on Adventurous Training*

[DI\(G\) PERS 16–1](#)—*Health care of Australian Defence Force personnel*

[DI\(G\) PERS 16–15](#)—*Australian Defence Force Medical Employment Classification System*

[DI\(G\) PERS 16–22](#)—*Australian Defence Force rehabilitation program*

[DI\(G\) PERS 35–6](#)—*Formal Warnings and Censures in the Australian Defence Force*

[DI\(G\) PERS 36–3](#)—*Inherent requirements of service in the Australian Defence Force*

[DI\(AF\) OPS 4–8](#)—*Individual Readiness*

[DI\(AF\) PERS 4–19](#)—*Administrative sanctions in the Royal Australian Air Force*

[DI\(AF\) PERS 33–4](#)—*Physical training and assessment during Royal Australian Air Force courses*

Defence Safety Manual (SAFETYMAN), [volume 1](#)—'General' and [volume 2](#)—'Military'

[HD 206](#)—*Overweight and Obesity*

[HD 235](#)—*Management of pregnant members of the Australian Defence Force*

[HD 236](#)—*Medical Employment Classification Procedures*

[AAP 2346.101–1M](#)—*Occupational Specifications and Skills Assessments Defence and Disciplinary Occupational Group*

[AAP 4138.001](#)—*Ground Defence Training*

[AAP 4332.001](#)—*RAAF Security Police General Procedures Manual*

[AAP 6730.001](#)—*RAAF Safe Manual*

Annexes:

- A. [Physical Fitness Test Standards](#)
- B. [Administrative procedures—Physical Fitness Test](#)
- C. [Minute format—formal counselling after failing Physical Fitness Test](#)
- D. [Protocol and procedures for the conduct of the Physical Fitness Test](#)

Keywords

Fitness, PFP, IFT, PFT, PFS, BMI, PCP

Sponsor: DGCP–AF and DGPERS–AF

PHYSICAL FITNESS TEST STANDARDS

Male Operational Readiness Physical Fitness Standard

	<25 years	25-34 years	35-44years	45-54 years	55-59 years	60 and over
Flexed Arm Hang	30 sec	25 sec	20 sec	15 sec	10 sec	5 sec
OR						
Push-ups	25	20	15	10	5	3
Sit-up Feet Unsecured	30	25	20	15	10	5
OR						
Sit-ups Feet Secured	65	55	45	35	25	15
2.4 k run/walk	12.00	13.00	14.00	15.00	16.00	17.00
OR						
5 k walk	38.00	40.00	42.00	44.00	46.00	48.00

Female Operational Readiness Physical Fitness Standard

	<25 years	25-34 years	35-44years	45-54 years	55-59 years	60 and over
Flexed Arm Hang	30 sec	25 sec	20 sec	15 sec	10 sec	5 sec
OR						
Push-ups	10	8	6	4	3	1
Sit-up Feet Unsecured	30	25	20	15	10	5
OR						
Sit-ups Feet Secured	65	55	45	35	25	15
2.4 k run/walk	13.00	14.00	15.00	16.00	17.00	18.00
OR						
5 k walk	39.00	41.00	43.00	45.00	47.00	49.00

Male Specialist Physical Fitness Standard—(Reserve Ground Defence Officers and Airfield Defence Guard under 45 years of age and all Physical Training Instructors)

	<25 years	25-34 years	35-44years	45-54 years	55-59 years	60 and over
Chin-ups	10	8	6	4	2	2
Sit-ups Feet Unsecured	40	35	30	25	20	15
OR						
Sit-ups Feet Secured	90	80	70	60	50	40
2.4 k run/walk	10.00	11.00	12.00	13.00	14.00	15.00

Female Specialist Physical Fitness Standard—(Physical Training Instructors)

	<25 years	25–34 years	35–44years	45–54 years	55–59 years	60 and over
Chin-ups	7	5	3	Nil	Nil	Nil
Flexed Arm Hang	Nil	Nil	Nil	25 sec	20 sec	15 sec
Sit-ups Feet Unsecured	40	35	30	25	20	15
OR						
Sit-ups Feet Secured	90	80	70	60	50	40
2.4 run/walk	12.00	13.00	14.00	15.00	16.00	17.00

Note

- (a) It is important to ensure that while the Physical Fitness Test (PFT) is an important tool in determining the physical readiness of individual members and units, it should not be the sole basis for the unit's physical fitness training. Commanders, in consultation with the PTIs, must ensure that physical training is designed to develop physical abilities in a balanced way to meet operational requirements, not just to help members do well on the PFT. The most common measurement of one's overall fitness is aerobic capacity (VO₂ Max). VO₂ Max is the maximum ability of the body to transport oxygen from the air to the muscles for energy generation. It involves the heart's capacity to pump oxygen rich blood to the muscles, as well as, the muscles' efficiency in extracting and utilizing the oxygen. VO₂ Max is measured in millilitres of oxygen per kilogram of body weight per minute of exercise (ml/kg/min). In general, the higher your VO₂ Max, the better your performance. The times for the aerobic component of the PFT are submaximal in relation to the application of VO₂ Max.

Appendix:

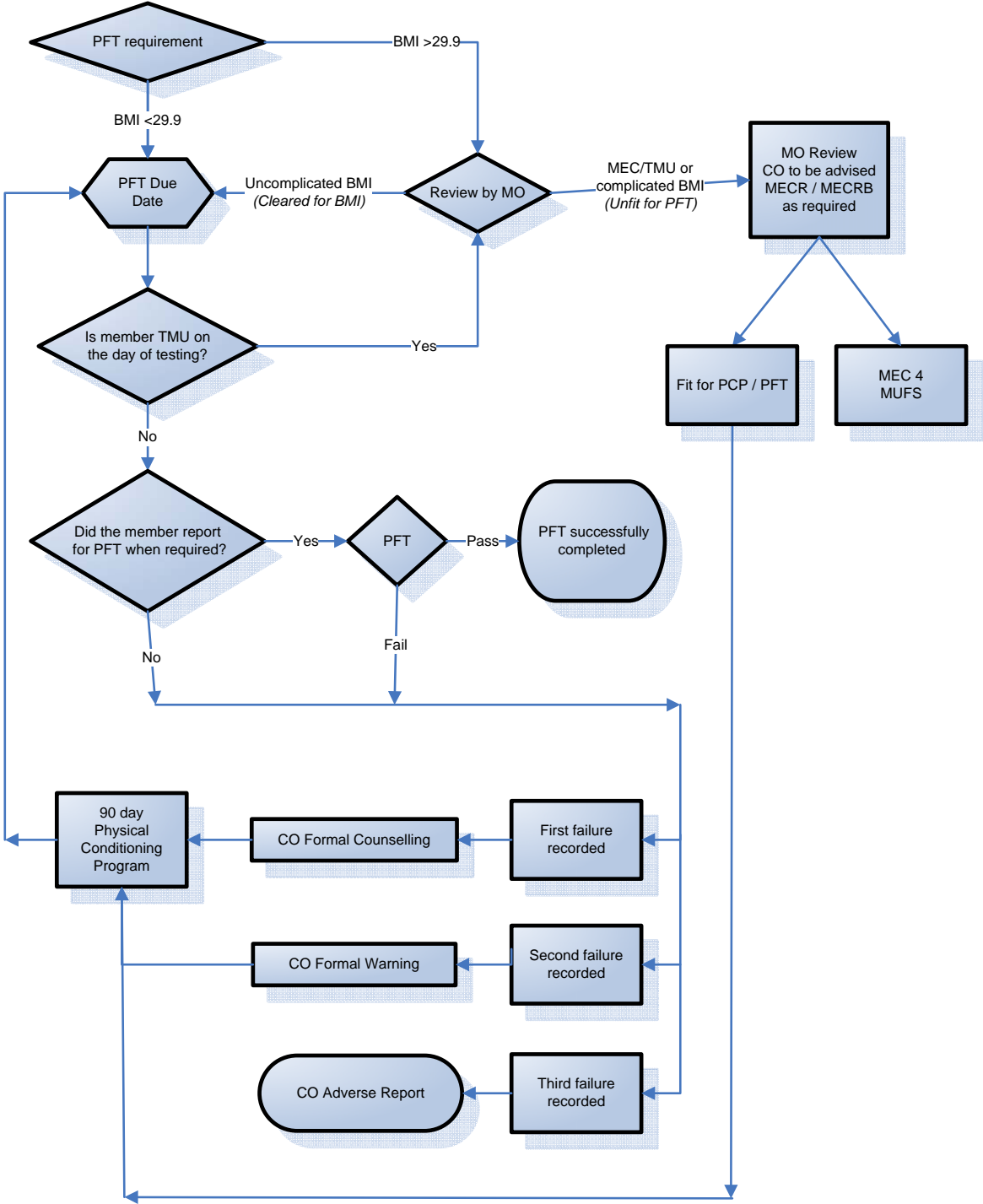
1. [Test Heart Rate chart](#)

TEST HEART RATE CHART

$$(220 - \text{AGE} - 10 = \text{THR})$$

AGE (YRS)	THR (BEATS PER MIN)	AGE (YRS)	THR (BEATS PER MIN)
16	194	45	165
17	193	46	164
18	192	47	163
19	191	48	162
20	190	49	161
21	189	50	160
22	188	51	159
23	187	52	158
24	186	53	157
25	185	54	156
26	184	55	155
27	183	56	154
28	182	57	153
29	181	58	152
30	180	59	151
31	179	60	150
32	178	61	149
33	177	62	148
34	176	63	147
35	175	64	146
36	174	65	145
37	173		
38	172		
39	171		
40	170		
41	169		
42	168		
43	167		
44	166		

ADMINISTRATIVE PROCEDURES—PHYSICAL FITNESS TEST



MINUTE FORMAT—FORMAL COUNSELLING AFTER FAILING PHYSICAL FITNESS TEST

STAFF-IN-CONFIDENCE

Department of Defence
MINUTE

FILE REFERENCE

CO

FORMAL COUNSELLING AFTER FAILING PHYSICAL FITNESS TEST

References:

- A. DI(AF) PERS 53-13—*Physical Fitness in the RAAF*
- B. DI(G) PERS 35-6—*Formal Warnings and Censures in the Australian Defence Force*
- C. DI(AF) PERS 4-19—*Management of Unacceptable and Unsuitable Behaviour*

1. I have been paraded today before **NAME**, Commanding Officer (CO) **UNIT** (or **NAME**, acting as the CO's representative), and have been formally counselled, in accordance with reference A, about my failure to pass the Physical Fitness Test (PFT) on **DATE**.

2. Accordingly, I have been directed by my CO (or **CO representative**) to seek assistance from the Physical Training Instructors (PTIs) and undertake a Physical Conditioning Program (PCP) and second PFT in/within 90 days.

3. I acknowledge that my failure to pass the PFT was due to (lack of fitness or motivation as a result of—**REASON**). I have been made fully aware of the contents of Reference A, and I am aware of the Chief of Air Force requirements to be physically fit for deployment to a remote airfield and that the PFT is a component of RAAF Individual Readiness. I understand the CO will take administrative action against me in the event that I fail to pass the PFT by **DATE**. (**NAME CO/CO representative**) has explained that this will include a Formal Warning, in accordance with reference B, with a requirement to undertake a further PCP and third PFT in/within 90 days. A subsequent failure will result in the initiation of Adverse Report procedures in accordance with reference C, which will require the need for my continued service in the RAAF to be evaluated.

SIGNATURE BLOCK
MEMBER

SIGNATURE BLOCK
CO/CO REPRESENTATIVE

PROTOCOL AND PROCEDURES FOR THE CONDUCT OF THE PHYSICAL FITNESS TEST

Responsibilities

1. **Senior Noncommissioned Officer (SNCO) Physical Training Instructors (PTI).** SNCO PTIs are required to:
 - a. monitor the conduct of physical fitness testing and ensure that the needs of the members who require weight reduction and/or Physical Conditioning Programs (PCP) are effectively met;
 - b. monitor the provision of physical fitness education to unit personnel by the PTI under their command; and
 - c. ensure the integration of the Physical Fitness Program (PFP) with other injury prevention strategies.
2. **PTI.** PTIs are required to:
 - a. liaise with individual unit Physical Fitness Test Liaison Officers in regards to scheduling unit personnel for testing;
 - b. conduct the PFP and ensure that physical fitness testing is performed in accordance with the relevant instructions;
 - c. design and monitor PCPs; and
 - d. conduct general education programs for unit personnel in respect to the PFP in order to ensure that members are aware of the standards they are required to meet and to provide physical training guidance that will assist members to meet these standards in a safe and effective manner.
3. All Physical Fitness Tests (PFT) are to be conducted by a fully qualified PTI.
4. The PFT requires each member to attain the performance levels as detailed in [annex A](#).

Terminologies

5. For the purposes of this Instruction, the following terminologies apply:
 - a. **Age.** With age, aerobic capacity and muscular strength decline at approximately one per cent per year after the age of twenty in fit individuals; the rate is higher for a person that is not physically fit.
 - b. **Gender.** Men and women have physiological differences; men, on average, have greater muscle mass, strength and aerobic capacity compared with their female counterparts. The Operational Readiness Physical Fitness Standard is applied as the minimum requirement for Royal Australian Air Force operations; therefore different standards for male and female only apply for the aerobic component of the test.
 - c. **Chin-up/flexed-arm hang/push-ups test.** The chin-up, flexed-arm hang and push-ups test upper body strength and muscular endurance. The standards are not meant to reflect maximal capacities, but rather an individual's basic capacity to hoist and/or support their body weight from a hanging position.
 - d. **Sit-up test.** The sit-up test indicates the minimum standard of abdominal strength and endurance. It indicates that an individual's pelvic girdle posture is well serviced by their abdominal muscle group. Maintenance of good posture around the pelvis and the lower back is an important contributor to most forms of physical performance, including running and walking, especially when carrying a back pack. Moreover, adequate abdominal fitness reduces the risk of back injury.

- e. **2.4 km run/walk or 5 km walk test.** The 2.4 km run/walk or 5 km walk test requires an individual to perform at the minimum level of standard cardiovascular fitness, specific to locomotion by foot. Aerobic fitness is the basis of general physical fitness and is closely related to an individual's general health. Unfit individuals are prone to fatigue earlier in tasks that require endurance of any kind, whether they be physical or mental. Furthermore, aerobically fit individuals acclimatise to hot weather environments more rapidly.

Medical assessment

6. Members assessed with a Body Mass Index greater than 29.9 may be cleared by the PTI to precede with the PFT, in accordance with the procedures outlined in this annex provided they satisfy the following requirements:

- a. the member has an unrestricted Medical Employment Classification;
- b. the member is feeling well and is not receiving any medical treatment;
- c. the member has not received any vaccinations within 24 hours of the test; and
- d. the member has signed the Form HEALTHKeys 047 indicating that they are well, not taking any medications and are able to undertake the test.

7. If a member does not satisfy the above requirements, or if there is any suspicion or evidence of underlying medical conditions/risk factors associated with body fat content, or a high-risk waist circumference, or the member is taking any medications, the PTI is to instruct the member to arrange an appointment with the medical officer (MO). Members taking medication are to be cleared by a MO before undertaking a PFT.

FORMAT OF PHYSICAL FITNESS TEST

8. The PFT is to be completed as follows:

- a. The aerobic and muscular strength components of the test are to be conducted consecutively. The sequence of these components is at the discretion of the PTI. Members must however, pass each component of the test to achieve a pass of the PFT. Members may be given the opportunity to re-attempt any failed component of the PFT. This attempt is normally immediately following their initial attempt of all components of the test.
- b. Each member undergoing the PFT is to be adequately briefed regarding time and interval standards applicable to each component of the test, prior to the test commencement.

PHYSICAL FITNESS TEST PROCEDURES

Standardisation of test procedures

9. To facilitate the standardisation of the testing procedures, members are to be advised through routine instructions and the call-up process of precautions that they should take prior to undertaking the PFT. The member:

- a. is to be feeling well and able to undertake the test;
- b. should not take any medications, or should be aware of any contraindications of the medications prescribed;
- c. should not engage in any flying duties (aircrew) or physical activity (other than light work) for six hours prior to the test;
- d. should not smoke for three hours prior to the test;
- e. should not consume tea or coffee on the day of the test;

- f. should not consume alcohol for 24 hours prior to the test;
 - g. should not have received any vaccinations 24 hours prior to the test;
 - h. is aware of the recommendation that a light meal consumed 1.5 hours prior to commencing a PFT will not have a negative effect on the performance of a member undertaking the test. It should in fact have a positive effect as it will 'break' the fast from sleeping through the night and raise blood sugar levels and glycogen stores. This will negate the possibility that people may feel weak or fatigued through not eating and the slight chance that they may become hypoglycaemic; and
 - i. is required to have completed a warm-up prior to the commencement of the PFT.
10. For the safety of individuals, the PTI may stop the test at any time.

COMPONENTS OF THE PHYSICAL FITNESS TEST

Upper body strength test

11. Members can choose between either the flexed arm hang or push-up for the upper body strength component of the PFT. The chin-up test is for the Specialist Group as detailed in [paragraph 19](#) and [annex A](#).

Flexed arm hang test (maximum instructor/participant ratio 1/10)

12. This component is a static activity. The procedure for the flexed arm hang is as follows:
- a. **Starting position.** The individual may be assisted to the test start position. The chin bar, pole or beam may be grasped with the hands facing either forward or to the rear, or with an alternate grip.
 - b. **Arms.** The arms are to be fully flexed with the chin clear above the bar and feet clear of any support.
 - c. **Legs.** The legs may be slightly bent, but the knee height must remain below waist level. Excessive swinging of the individual's body is to be prevented by the placement of another person's arm in front of the suspended individual's legs to act as a control beam. For the members safety they are to be encouraged not to cross their ankles in case they fall off the bar landing awkwardly.
 - d. **Time.** The individual is to maintain this position for the prescribed period of time for age as detailed in [annex A](#). The hands may be moved during the flexed arm hang so long as the chin does not touch or drop below the bar during the time period.

13. **Warnings.** A member is permitted only one warning if the chin touches or drops below the bar. The requirement for a second warning will result in the test being terminated and a fail recorded.

Push-ups (maximum instructor/participant ratio 1/10)

14. Push-ups provide an indication of upper body strength endurance, as well as core stability. The standards are not meant to reflect maximal capacities, rather that you have the basic capacity to support your body weight and lift and carry weight. In preventing injuries, it is important that members train for push-ups and perform the correct posture to ensure the lower back, shoulders and elbow joints are adequately developed.

15. The push-up test is to be done to a cadence and the procedure is as follows:
- a. **Starting position.** The member assumes the push-up position with any width of hand placement that they choose, so long as the fingers are placed on the ground with the fingertips pointed forward. Members may change the width of the hands during the test as long as the fingertips maintain the forward direction. Members should be educated that the ideal position for mechanical advantage is with the hands placed directly under the line of the shoulders.
 - b. **Body position.** The member's torso, as scrutinised by the examiner, must not deviate from a rigid position. In other words, the subject must maintain a neutral spine position and a straight line from shoulder, hip, knee, and ankle. The feet are to remain in contact with the ground and no wider than shoulder width apart.
 - c. **Lower.** As the member descends, their elbows may stay close to the body or move out to the side. However, the member must lower to a depth, as scrutinised by the examiner, where the upper arm is parallel to the floor. Note that this does not necessarily equate to an angle at the elbow of 90 degrees (particularly when the elbows are kept close to the torso during the movement).
 - d. **Raise.** The member must extend fully into the upright position at the top of the movement before beginning subsequent repetitions.
16. **Cadence.** A cadence of one push-up every two seconds is to be controlled by a cadence tape provided by the PTI.
17. **Warnings.** A member is permitted only one warning. The requirement for a second warning will result in the test being terminated and a fail recorded if any of the following occur:
- a. the required neutral spine position and a straight line from shoulder, hip, knee and ankle is not maintained;
 - b. the required cadence is not maintained;
 - c. the required number of push ups are not completed as detailed in [annex A](#); or
 - d. the PTI terminates the activity based on safety concerns.

Chin-up test (maximum instructor/participant ratio 1/5)

18. The procedure for the chin-up test is as follows:
- a. The chin bar may be grasped with the hands facing either forward or to the rear, or with an alternate grip.
 - b. The body is to be fully extended to a hanging position with the feet free of the ground. The position of the hands may be changed during the activity provided the individual is not assisted, does not dismount from the bar, or does not rest on any support.
 - c. The body is then pulled upwards with the arms until the chin is over the bar, then lowered until the elbows are fully extended and the body is again in the hanging position. This comprises one repetition.
 - d. Slight kicking motions are permitted provided the knees do not rise above the waist and the chin-up activity remains a vertical action. The knees are not however, permitted to be deliberately lifted rapidly in an upwards motion to facilitate the lifting phase of the chin-up. The body may be kept from swinging by an assistant holding an extended arm in front of the individual at knee height. Each repetition must be fully completed to be counted. Resting during performance may be permitted in the starting position only and without dismounting or with the aid of a support. The member is to complete the number of chin-ups according to age as detailed in [annex A](#)

Abdominal strength component

19. The sit-ups test provides an indication of the minimum standard of abdominal strength and endurance. It indicates that your pelvic girdle posture is well supported by your abdominal muscle group. Maintenance of good posture around the pelvis and lower back is an important contributor in performing a range of military tasks. A strong and balanced abdominal region will assist in reducing the incidence of back injuries.

20. The abdominal muscles should not be held in constant isometric contraction during the sit-up test. Lumbar support is only to be applied on medical advice that the member has a permanent medical condition that may be exacerbated by the sit-up activity and/or after the member has undergone remedial training for a period of up to 90 days.

21. Members can choose between either sit-ups with feet unsecured or feet secured for the abdominal strength component of the PFT.

Sit-up test (maximum instructor/participant ratio 1/10)

22. The procedure for the sit-up Unsecured is as follows:

- a. **Start position.** The individual lies flat on their back with the knees bent and both heels on the floor (on or off the mat which is to be no more than 5 cm in thickness). Both knees and heels should be no more than shoulder width apart. The angle of the knees is to be maintained at approximately 90 degrees for the duration of the sit-up test. The arms are to be placed with the palms resting on the thighs and the arms are to remain straight throughout the activity. The head is to be raised and held off the floor in a comfortable position. The head is to remain in this position during the entire test.
- b. **Sit-ups feet unsecured.** The feet are not secured and the member is required to complete the number of sit-ups according to age as detailed in [annex A](#).
- c. **Sit-ups feet secured.** The feet are to be secured under an immovable object or be held by another person and the member is required to complete the number of sit-ups according to age as detailed in [annex A](#).
- d. **Raise.** From this position, the upper body is raised and at the same time the hands remain in contact and slide forward up the front of the thighs until the wrists touch the top of the knees being the limit of the upward movement for the sit-up position. The neck and arms are not to be jerked forward. The heels and buttocks are not to leave the floor.
- e. **Lower.** The upper body is then lowered to the start position until the shoulder blades touch the floor.

23. The sit-up activity is to be conducted to a three-second cadence. One sit-up is to be completed every three seconds using the following guidelines:

- a. raise the body to the sit-up position in approximately one second;
- b. lower the body to the floor in approximately one second; and
- c. relax the abdominal muscles for approximately one second.

24. **Warning.** A member is permitted only **one** warning. The requirement for a second warning will result in the test being terminated and a failure recorded if any of the following occur:

- a. the heels or buttocks are lifted from the floor;
- b. the hands are lifted from the thighs/knees;
- c. the wrists do not reach the top of the knees or exceed the limit for upward movement;
- d. the neck or hands are jerked forward as a means of increasing leverage; or
- e. the hands are used to pull the body up.

25. An individual's sit-up activity is also to be terminated if any of the following occur:
- a. the required cadence is not maintained;
 - b. the activity is stopped (resting is not permitted); or
 - c. to prevent injury the member is stopped by the PTI.

CARDIOVASCULAR FITNESS COMPONENTS

2.4 km run/walk test

26. The 2.4 km run/walk test is to be conducted according to the following guidelines:
- a. Safety of the participants is to be paramount when conducting testing. PTIs are to liaise with health services and advise an appropriate medical authority of testing periods. During testing, a mobile phone or other means of communication is to be available to contact health services in case of an emergency. The maximum participant/instructor ratio in relation to initial recruits should not exceed 1/20 and for trained personnel should not exceed 1/30.
 - b. The preferred venue for conducting the test is a 400 metre track marked on a firm grass surface. If this is not available, an 'Out and Back' with line of sight of 400 m distance is preferred. If the course is not in line of sight, a PTI is to accompany the members being tested. Cones or other suitable markers are to indicate each 400 m of the run.
 - c. The run/walk test must be conducted with a wind velocity of less than 20 kph and in accordance with the environmental conditions principles of [Australian Air Publication 6730.001—RAAF Safe Manual](#) and the *Defence Safety Manual* (SAFETYMAN), volume 2, [part 1—Work Environment—Military](#). Testing in tropical and humid areas is safe provided the PTI ensures that all participants are acclimatised and well hydrated. Under normal circumstances, members are not to be tested for at least one week after arrival on posting to tropical areas, thus allowing them to acclimatise.
 - d. Testing in age groups for example, less than 35 years, 35–44 years and 45 years and over and by Standard groups (for example, Specialist, Operational Readiness) is strongly recommended.
 - e. Participants are to be thoroughly briefed on the requirements of the test, (that is, safety, the significance of the target time referring to split times and the sub-maximal nature of the test).
 - f. Members are to be instructed how to take their own heart rate and told to stop and monitor their heart rate should they feel unwell during the test. The heart rate (THR) chart in annex A, [appendix 1](#) is the sub-maximal heart rate to be applied to the aerobic component of the PFT. Heart rate monitors may be fitted to any participants, prior to commencement of the test. PTIs are to ensure that each heart rate monitor is functioning correctly.
27. **Pre-test brief.** The PTI is to ensure that all the participants understand that target time is the time, according to age for completion of the test, as detailed in [annex A](#). They are to be informed of the 400 m (or other distance determined by the PTI) 'split or lap' times required and the PTI is to call out the time at each lap point. Alternatively members are to be given a card which indicates the 'split or lap' times required.
28. For a 'Pass', participants must finish the test within the target time as detailed in [annex A](#).

29. The participants are to be advised of the following:

'For your safety, this test is designed to be a sub maximal test, in line with the tests you have already completed. You are required to complete the 2.4 km run/walk or 5 km walk in minutes. You will be informed of 'split lap' times each time you pass the 400 metre mark (or other distance determined by the PTI). If you are observed to be labouring and not meeting the 'split or lap' times, you will be warned on each lap for two laps. If you still fail to meet the 'split' times after these warnings, you will be withdrawn from the test and failed. Remember this is a sub-maximal test and it is not a 'race'. If you experience other symptoms, for example chest pain or discomfort or severe breathlessness, you must terminate the test and immediately advise the PTI who will seek medical advice'.

30. **Test protocol.** The PTI conducting the test is to:

- a. inform participants of their THR;
- b. start the group, and prepare for calling 'split/lap' times as they pass the 400 m (or other distance determined by the PTI) point;
- c. record all the participants' finishing times on completion of test;
- d. inform the group of results; and
- e. complete all test documentation.

5 km walk test

31. The 5-km Walk Test is to be conducted according to the following guidance:

- a. The maximum participant/instructor ratio 1/20.
- b. If the course is not in line of sight, a PTI is to accompany the members being tested or additional PTI support is required to monitor all participants.
- c. Environmental conditions are to be considered as for the 2.4 km run/walk test. Particular attention is to be given to re-hydrating members during the conduct of this test in tropical and humid areas.
- d. Participants are to be thoroughly briefed on the requirements of the test, that is, the significance of the target time and the sub-maximal nature of the test. Running any part of the test is not permitted. A member is permitted only one warning. The requirement for a second warning will result in the test being terminated and a failure recorded.
- e. The pass protocol and the pre-test brief are the same as applies to the 2.4 km run/walk test.

32. **Test protocol.** The PTI conducting the test is to:

- a. accompany the group if the course is not in line of sight or seek additional support to enable all participants to be monitored;
- b. on completion, record all participants finishing times;
- c. inform the group of results; and
- d. complete all test documentation.