

# 2020 Graduate Medical Education – Weight Statement

Must be completed by all deferred applicants

**Must be completed between 1 July and 6 November 2020  
and submitted with application package no later than  
6 November 2020**

This information is NOT self-reporting. The statement must be signed and dated by a medical representative at your training facility, your personal physician, or another medical professional OTHER THAN YOURSELF. Your application will NOT be completed without this certification.

**PRINTED NAME OF APPLICANT:**

**LAST 4 OF SSN:**       XXX-XX-

**HEIGHT (INCHES):**

**WEIGHT (POUNDS):**

Once on active duty you will be required to meet the age/gender based requirements for maintaining fitness standards in accordance with AFI 36-2905. The assessment components are currently comprised of:

- Body composition evaluated by abdominal circumference measurements
- Aerobic component evaluated by the 1.5-mile timed run
- Muscular fitness component evaluated by the number of push-ups and sit-ups completed within 1 minute

**MEDICAL REPRESENTATIVE NAME:**

**TITLE, WORK PHONE:**

**SIGNATURE OF MEDICAL REPRESENTATIVE:   DATE:**

THIS FORM IS AFFECTED BY THE PRIVACY ACT OF 1974

1. AUTHORITY: 10 USC 3012.
2. PRINCIPAL PURPOSE(S): To compile information necessary to evaluate an application for military graduate medical education (GME) training.
3. ROUTINE USES: To evaluate application for professional training in military and civilian facilities (**Medical Corps officers only**).
4. MANDATORY OR VOLUNTARY DISCLOSURE: Disclosure of requested information is voluntary, however, without it, consideration for GME cannot be accomplished and GME may not be assured.