



PHILIPPINE COAST GUARD  
COAST GUARD SPECIAL SERVICE OFFICE  
PHYSICAL FITNESS TEST FORM



Ctrl Nr.  Personal Copy

NAME: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
*(Include rank and serial no. for uniformed personnel)*

Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Mobile Nr: \_\_\_\_\_

Unit Assignment: \_\_\_\_\_ Purpose of PFT: \_\_\_\_\_

----- To be filled up by CGMED representative -----

Fit to perform PFT      Not fit to perform PFT     Remarks: \_\_\_\_\_  
CGMED Representative

----- To be filled up by CGSSO representative -----+

Date: \_\_\_\_\_ Place: \_\_\_\_\_

| PUSH-UPS | SIT-UPS | SIT & REACH | DISTANCE RUN<br>( ) 3.2 km ( ) 2km ( ) 1km |
|----------|---------|-------------|--|
| /        | /       | /           | /  |

I acknowledge that the foregoing information is true and correct to the best of my knowledge.

\_\_\_\_\_  
Supervisor

\_\_\_\_\_  
OIC, PFT Branch

\_\_\_\_\_  
Examinee



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Ctrl Nr.  Office Copy

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