

Army Regulation 600–9

Personnel-General

The Army Body Composition Program

**Headquarters
Department of the Army
Washington, DC
16 July 2019**

UNCLASSIFIED

SUMMARY of CHANGE

AR 600–9

The Army Body Composition Program

This expedited revision, dated 16 July 2019—

- o Inserts tenets of Performance Triad, sleep, activity, and nutrition, replacing diet or nutrition and exercise (paras 2–10, 2–12*b*, 2–16*a*(1), 3–5*b*, 3–6*a*(2)(*c*), 3–6*a*(2)(*g*), 3–6*c*, and 3–11*b*).
- o Updates responsibility for commanders and supervisors (para 2–15).
- o Incorporates guidance for uploading Army Body Composition Program documents into the Interactive Personnel Electronics Records Management System (paras 2–15*i* and 2–15*j*, 3–8*b* and 3–8*c*, 3–13*c*).
- o Adds guidance that incorporates the Army wellness center (paras 2–16*b*, 2–17*b*, and 3–7*a*(2)(*e*)) and performance experts as supporting resources (para 2–18).
- o Clarifies guidance regarding performing proper height, weight, and body circumference methodology (paras 2–17 and 2–18).
- o Updates website for the online U.S. Army Public Health Center Technical Guide 358 (paras 3–6*a*(2)(*a*), 3–7*a*(2)(*a*), figs 3–1, 3–3, and 3–4, and C–7*a*).
- o Changes terminology “bar to reenlistment” to “bar to continued service” in compliance with Army Directive 2016–19 (paras 3–6*a*(2)(*f*), 3–10*a*(4), table 3–1, 3–12*c*(3), 3–12*d*, 3–14*a*(2), 3–14*b*(2)).
- o Clarifies Army Body Composition Program policy related to pregnancy (paras 3–15*c* and 3–15*d*).
- o Updates extension of enlistment criteria (paras 3–18*b*(1) and 3–18*b*(2)).
- o Incorporates requirement for a second set of measurements to be taken by a different team if the first set of measurements indicate the Soldier does not meet the standard (para B–2*e*).
- o Clarifies policy regarding the completion of DA Form 5500 (Body Fat Content Worksheet (Male)) and DA Form 5501 (Body Fat Content Worksheet (Female)) (paras B–2, B–3*d*, B–6*b*, and B–6*e*).

Personnel-General

The Army Body Composition Program

By Order of the Secretary of the Army:

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Guard/Army National Guard of the United States, and the U.S. Army Reserve, unless otherwise stated.

Proponent and exception authority.

The proponent of this regulation is the Deputy Chief of Staff, G–1. The proponent has the authority to approve exceptions or waivers to this regulation that are consistent with controlling law and regulations. The proponent may delegate this approval authority, in writing, to a division chief within the proponent agency or its direct reporting unit or field operating agency in the grade of colonel or the civilian equivalent. Activities may request a waiver to this regulation by providing justification that includes a full analysis of the expected benefits and must include formal review by the activity's senior legal officer. All waiver requests will be endorsed by the commander or senior leader of the requesting activity and forwarded through their higher headquarters to the policy proponent. Refer to paragraph 3–17 of this regulation and AR 25–30 for specific guidance.

Army internal control process. This regulation contains internal control provisions in accordance with AR 11–2 and identifies key internal controls that must be evaluated (see appendix D).

Supplementation. Supplementation of this regulation and establishment of command and local forms are prohibited without prior approval from the Deputy Chief of Staff, G–1 (DAPE–HR), 300 Army Pentagon, Washington, DC 20310–0300.

Suggested improvements. Users are invited to send comments and suggested improvements on DA Form 2028 (Recommended Changes to Publications and Blank Forms) directly to Deputy Chief of Staff, G–1 (DAPE–HR), 300 Army Pentagon, Washington, DC 20310–0300.

Distribution. This publication is available in electronic media only and is intended for the Regular Army, the Army National Guard/Army National Guard of the United States, and the U.S. Army Reserve.

History. This publication is an expedited revision. The portions affected by this expedited revision are listed in the summary of change.

Summary. This regulation implements DODI 1308.3. It prescribes procedures governing fitness and weight and body fat standards.

Applicability. This regulation applies to the Regular Army, the Army National

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Glossary

Chapter 1 Introduction

1–1. Purpose

This regulation establishes policies and procedures for the implementation of the Army Body Composition Program (ABCP).

1–2. References

See appendix A.

1–3. Explanation of abbreviations and terms

See the glossary.

1–4. Responsibilities

Responsibilities are listed in chapter 2.

1–5. Objectives

a. The primary objective of the ABCP is to ensure all Soldiers achieve and maintain optimal well-being and performance under all conditions.

b. Secondary objectives of the ABCP are to—

(1) Assist in establishing and maintaining—

(a) Operational readiness.

(b) Physical fitness.

(c) Health.

(d) A professional military appearance in accordance with AR 670–1.

(2) Establish body fat standards.

(3) Provide procedures by which personnel are counseled to assist in meeting the standards prescribed in this regulation.

Chapter 2 Responsibilities

2–1. General

Soldiers must maintain a high level of physical readiness in order to meet mission requirements. Body composition is one indicator of physical readiness that is associated with an individual's fitness, endurance, and overall health. Individuals with desirable body fat percentages generally exhibit increased muscular strength and endurance, are less likely to sustain injury from weight bearing activity, and are more likely to perform at an optimal level. Soldiers will meet Army body composition standards, as prescribed in this regulation, for the individual and collective benefit to themselves, their unit, and the entire Army.

2–2. Deputy Chief of Staff, G–1

a. The DCS, G–1 is responsible for the ABCP.

b. Through the Commanding General (CG), U.S. Army Human Resources Command (HRC) will—

(1) Monitor the ABCP in the Individual Ready Reserve (IRR).

(2) Take appropriate action under guidance prescribed in this regulation.

(3) Ensure that members applying for tours of active duty, active duty for training (ADT), active duty support, and Active Guard Reserve (AGR) meet the body fat standards prescribed in this regulation. Soldiers who do not meet these standards will not be permitted to enter on active duty, ADT, active duty support, or in AGR status.

2–3. The Surgeon General

TSG will—

a. Establish medical examination and medical counseling policies in support of the ABCP.

b. Evaluate the medical aspects of the program.

c. Establish and review procedures for determination of body fat content.

- d.* Provide guidance on improving the nutritional status of Soldiers.
- e.* Provide recommendations and/or medical opinions on medical exception to policy requests to the Office of the DCS, G-1.

2-4. Deputy Chief of Staff, G-3/5/7

The DCS, G-3/5/7 will establish training guidance in support of the ABCP.

2-5. Deputy Chief of Staff, G-4

The DCS, G-4 will—

- a.* Establish food service guidance in support of the ABCP.
- b.* Publish guidance and information pertaining to the performance nutrition contribution of items served on master menus.

2-6. Chief, National Guard Bureau

CNGB will—

- a.* Implement and monitor the ABCP in the Army National Guard (ARNG).
- b.* Take appropriate action under guidance prescribed in this regulation.

2-7. Chief, Army Reserve

CAR will—

- a.* Monitor the ABCP in the U.S. Army Reserve (USAR).
- b.* Take appropriate action under guidance prescribed in this regulation.

2-8. Commanding General, U.S. Forces Command

The CG, FORSCOM will implement and monitor the ABCP in Regular Army (RA) units and USAR to include troop program units, reinforcement training units, and continental United States individual mobilization augmentees.

2-9. Commanders of Army commands, Army service component commands, and direct reporting units

The commanders of ACOMs, ASCCs, and DRUs will ensure that Soldiers within their commands are evaluated under the body fat standards prescribed in this regulation.

2-10. Commanding General, U.S. Army Training and Doctrine Command

The CG, TRADOC is responsible for ensuring Soldiers are trained on basic tenets of sleep, activity, and nutrition at the time of their initial entry.

2-11. School commandants

Commandants, TRADOC school, and commandants and/or commanders of USAR Forces schools, the Army Reserve Readiness Training Center, and/or ARNG-conducted schools (regional noncommissioned officer (NCO) academies, State military academies, or ARNG professional education center courses) will take the actions in accordance with AR 350-1 upon determining that a student arrived for a professional military school who exceeds the body fat standard.

2-12. Commanding General, U.S. Army Medical Command

The CG, MEDCOM will—

- a.* Establish and provide weight reduction and counseling programs led by providers from medical treatment facilities in support of the ABCP.
- b.* Provide appropriate literature and training aids for use by Soldiers, supervisors, and commanders that include the tenets of sleep, activity, and nutrition and its impact on obtaining and maintaining optimal body composition and performance.
- c.* Ensure commanders of overseas major medical commands institute weight reduction and counseling programs led by medical providers from Army medical facilities in support of the ABCP.

2-13. Individuals

Each Soldier (commissioned officer, warrant officer, and enlisted) is responsible for meeting the standards prescribed in this regulation.

2-14. Order issuing officials

Order issuing officials will ensure all temporary duty and permanent change of station orders include the following in the text: "You are responsible for reporting to your next duty station and/or school in satisfactory physical condition, able to pass the Army Physical Fitness Test (APFT), and meet body fat standards in accordance with AR 600-9."

2-15. Commanders and supervisors

Commanders and supervisors (RA and Reserve Component (RC)) will—

- a.* Implement the ABCP, to include evaluation of the military appearance of all Soldiers under their jurisdiction and measurement of body fat as prescribed in this regulation.
- b.* Exercise reasonable due diligence to ensure every scale used for height and weight measurements is accurate (see para B-2).
- c.* Maintain memorandum of record to document completion of training on proper height, weight, and body circumference methodology for the unit fitness training Noncommissioned Officer (NCO) or other designated NCOs.
- d.* Ensure the continued evaluation of all Soldiers under their command or supervision against the body fat standards prescribed in this regulation.
- e.* Review monthly Suspension of Favorable Personnel Actions Management Report (AAA-095) for all Soldiers who are flagged or have been flagged within the past 36 months for failing to meet body fat standards.
- f.* Communicate with Army Medical Treatment Facility (MTF) registered dietitian, other health care professionals, Army Wellness Centers and other MTF resources to provide education on tenets of sleep, activity, and performance nutrition for optimal body composition, health promotion, and readiness of the unit.
- g.* Commanders are encouraged to proactively provide education and resources in the unit footprint to maximize participation of Soldiers who are currently above their body fat standard or within 3 percent of their body fat standard. .
- h.* Upload complete ABCP file for flagged Soldiers is uploaded to Interactive Personnel Electronics Records Management System (iPERMS) no earlier than 30 days prior to clearing the installation to ensure that the gaining unit has visibility of flag for noncompliance with body fat standards and access to the associated documents during a permanent change of station (see para 3-8).
- i.* Review all incoming personnel flags and no later than 30 days after arrival download all supporting documents related to the flag from the iPERMS temporary administrative folder.
- j.* Upon release from the ABCP, submit documents from the Soldier's ABCP packet (see para 3-8) to iPERMS per AR 600-8-104.

2-16. Military treatment facility

The MTF will provide resources and programs to support education on tenets of sleep, activity, and nutrition for optimal body composition, health promotion, and readiness of the unit.

- a.* Health care personnel will—
 - (1) Assist commanders and supervisors in ensuring that individuals who exceed body fat standards receive counseling as indicated from a registered dietitian, if available. If a registered dietitian is not available, counseling may be provided by a health care provider, to include nurse practitioner, physician assistant, or medical doctor.
 - (2) Identify those individuals who have a pathological condition requiring medical treatment.
 - (3) Evaluate Soldiers who exceed body fat standards in accordance with this regulation.
 - (4) Advise Soldiers that while various medical conditions, environmental conditions, functional limitations (temporary or permanent physical profiles), and/or medications may contribute to weight gain, they are still required to meet the body fat standard established in this regulation. The DCS, G-1 is the exception to policy approval authority for special considerations (see para 3-17).
 - (5) Complete all requirements to include providing a signed memorandum for the commander when the Soldier has completed all steps in the required nutrition program or after initial appointment if Soldier chooses another option to lose weight. The memorandum will verify that the sleep, activity, and nutritional counseling took place.
 - (6) Refer Soldier for health coaching, weight management, sleep education, exercise prescription, and fitness/performance training, if indicated.
- b.* Army Wellness Center (AWC) or health promotion resources will—

(1) In the absence of a designated master fitness trainer, deliver training to command designated unit fitness training NCOs and designated NCOs in proper height, weight, and body circumference methodology to assess body fat composition. Provide a memorandum of record documenting completion of training for commander/supervisor file certifying completion of proper height, weight, and body circumference methodology training for unit fitness training noncommissioned officer or other designated NCO completion.

(2) Provide evidence-based health and wellness assessments and general wellness education and coaching on healthy sleep, activity, and nutrition, weight management, goal setting, and performance, proper exercise and fitness techniques.

(3) Assist commanders and supervisors with conducting weigh-ins and body fat assessments, as needed.

(4) As required and/or requested, assist commanders in developing physical fitness programs.

2–17. Designated master fitness trainer or noncommissioned officer

a. A designated master fitness trainer will—

(1) Train command designated unit fitness training NCOs or other designated NCOs in proper height, weight, and body circumference methodology to assess body fat composition and train command designated unit fitness training NCOs in proper exercise and fitness techniques. In the absence of a master fitness trainer, utilize, and coordinate with the local MTF to provide this training, as needed.

(2) Provide memorandum of record regarding unit fitness training NCO or other designated NCO completion of proper height, weight, and body circumference methodology training.

b. A designated master fitness trainer or unit fitness training NCO will—

(1) Prescribe proper exercise and fitness techniques, according to Field Manual (FM) 7–22, to assist Soldiers in meeting and maintaining body fat standards.

(2) Assist commanders in developing programs that establish a physical fitness program in accordance with FM 7–22.

(3) Improve readiness of the unit by assisting commanders in communication with health care professionals, health promotion/prevention teams, and/or AWCs to ensure Soldiers receive performance education on sleep, activity, and performance nutrition.

(4) In the absence of a unit master fitness trainer, the AWC (if available at location) or the MTF has resource capacity to provide education on proper height, weight, and body circumference methodology, and proper exercise and fitness techniques, as well as to assist commanders in developing physical fitness programs.

2–18. Performance experts

Performance experts will provide individual and unit tailored human performance optimization and resilience training to improve performance and promote efficiency and excellence during physical training, as requested.

Chapter 3

Army Body Composition Program

3–1. Overview

Soldiers are subject to many demands and challenges that may impact individual readiness. The ABCP provides commanders a systematic approach to enforce military standards across the unit, while supporting Soldiers with the resources they need to return to an optimum level of individual readiness.

3–2. Standard

a. Soldiers are required to meet the prescribed body fat standard, as indicated in appendix B. Soldiers will be screened every 6 months, at a minimum, to ensure compliance with this regulation.

b. The only authorized method of estimating body fat is the circumference-based tape method outlined in appendix B.

c. Commanders are authorized to use the weight for height table (see app B) as a screening tool in order to expedite the semi-annual testing process. If Soldiers do not exceed the authorized screening table weight for their age and measured height, no body fat assessment is required.

d. Commanders have the authority to direct a body fat assessment on any Soldier that they determine does not present a Soldierly appearance to ensure Soldier meets the screening table weight for his or her measured height.

e. Soldiers identified as exceeding the body fat standard will be flagged in accordance with AR 600–8–2 and enrolled in the ABCP. They must meet the body fat standard in this regulation in order to be released from the program.

3–3. Exemptions

a. Soldiers assigned or attached to a Warrior Transition Unit or Community Based Warrior Transition Unit must meet the body fat standard. Soldiers with special considerations may request a temporary exception to policy. See paragraph 3–17.

b. The following Soldiers are exempt from the requirements of this regulation; however, they must maintain a Soldierly appearance:

(1) *Soldiers with major limb loss.* Major limb loss is defined as an amputation above the ankle or above the wrist, which includes full hand and/or full foot loss. It does not include partial hand, foot, fingers, or toes.

(2) *Soldiers on established continued on active duty and/or continued on active Reserve status.* See AR 635–40.

(3) *Pregnant and postpartum Soldiers.* See paragraph 3–15.

(4) *Soldiers who have undergone prolonged hospitalization for 30 continuous days or greater.* See paragraph 3–16.

(5) *New recruits.* These recruits, regardless of component, will have 6 months from entry to active service to meet the retention body fat standards established in this regulation. Failure to achieve retention body fat standards after 6 months of entry will result in Soldiers being flagged in accordance with AR 600–8–2 and enrolled in the ABCP.

c. Soldiers that do not meet the criteria of paragraph 3–3b have the option to request a temporary exception to policy. See paragraph 3–17.

3–4. Weigh-in and body fat assessment

a. Weigh-ins and body fat assessments will be conducted in accordance with appendix B. All Soldiers will be weighed every 6 months, at a minimum. In order to ensure the ABCP does not interfere with Soldier performance on the Army Physical Fitness Test (APFT), commanders and supervisors are encouraged to allow a minimum of 7 days between APFT and weigh-in, if feasible. Some Soldiers that are close to exceeding the screening weight may attempt to lose weight quickly in the days leading up to a weigh-in. This practice may result in the Soldier being unable to perform his or her best on the APFT, if the two events are scheduled close together. Routine weigh-ins will be accomplished at the unit level. Percent body fat assessments will be accomplished by company or similar level commanders (or their designee) in accordance with standard methods prescribed in appendix B. Soldiers will be measured by two trained individuals of the same gender. If a trained individual of the same gender is not available to conduct the measurements, a female Soldier will be present when a male Soldier measures a female, and a male Soldier will be present when a female measures a male. IRR members on annual training, ADT, and special ADT will have a weigh-in and body fat assessment (if required) by the unit to which they are attached.

b. Units maintain height, weight, and body fat assessment data according to unit policy. The height, weight, and body fat percent may be entered on the DA Form 705 (Army Physical Fitness Test Scorecard) but they are no longer required entries. Units may track height and weight on a centralized roster, the DA Form 705, and on the DA Form 5500 (Body Fat Assessment Worksheet - Male) or DA Form 5501 (Body Fat Assessment Worksheet - Female) if a body fat assessment is required.

3–5. Enrollment in the Army Body Composition Program

a. RA and RC Soldiers who exceed body fat standards in appendix B will be enrolled in the unit ABCP. Enrollment in the ABCP starts on the day that the Soldier is notified by the unit commander (or designee) that he or she has been entered in the program (see para 3–6 for guidance on notification counseling).

b. While enrolled, Soldiers will be provided exercise guidance by the unit master fitness trainer and/or unit fitness training NCO in accordance with FM 7–22; counseling by a registered dietitian (or health care provider, if a dietitian is not available) on sleep, activity, and performance nutrition for obtaining and maintaining optimal body composition and performance. Additional resources include performance enhancement training to improve performance and promote efficiency during physical training from the performance expert (where performance expert is available), and education and coaching on healthy sleep, activity, and nutrition behaviors, and weight management by Army Wellness Center (if available at duty location) or other MTF resources as indicated to support the Soldier and help them meet the ABCP standards.

c. Initial entry Soldiers who exceed body fat standards after 6 months from date of entry to active service will be entered in the ABCP and flagged under the provisions of AR 600–8–2 by the unit commander.

3–6. Actions, counseling, and evaluation for Regular Army and Reserve Component Soldiers on active duty

The following actions are required when a Soldier is determined to be exceeding the body fat standard (see table 3–1):

a. *Notification counseling.* In accordance with AR 600–8–2, the commander has 3 working days to Flag the Soldier using DA Form 268 (Report to Suspend Favorable Personnel Actions (FLAG)) and 2 working days from initiation of DA

Form 268 to counsel and/or notify and enroll the Soldier in the ABCP. The effective date of the DA Form 268 flagging action is the date that the Soldier is found to be noncompliant. Notification counseling documentation will be completed in accordance with figure 3-1. During this notification counseling, Soldiers will be advised they—

(1) Have a DA Form 268 placed on their record to suspend favorable personnel actions. Some of the ramifications of the flagging action include:

- (a) Are nonpromotable (to the extent such nonpromotion is permitted by law).
- (b) Will not be assigned to command, command sergeant major, or first sergeant positions.
- (c) In accordance with AR 350-1, are not authorized to attend military schools and institutional training courses.

(2) Are enrolled in the ABCP effective immediately. While enrolled they—

(a) Must read the online U.S. Army Public Health Center (USAPHC) Technical Guide (TG) 358 at https://phc.amedd.army.mil/PHC%20Resource%20Library/USAPHC_TG_358_Army_Weight_Management_Guide.pdf within 14 days of enrollment.

(b) Must complete and return their Soldier Action Plan (refer to para *b*, below) to the commander within 14 days of the notification counseling.

(c) Are required to meet with a dietitian or health care provider within 30 days of enrollment in the ABCP, bring a copy of the commander's request for counseling (fig 3-2) and their Soldier Action Plan to the dietitian for review. Dietitian (or health care provider if a dietitian is not available) will provide the Soldier a signed memorandum for the commander when the Soldier has completed all steps in the required nutrition program (for example, the Army Fit for Performance interactive questionnaire) or after initial appointment if Soldier chooses another option to lose weight. The memorandum will verify that the counseling took place. All counseling sessions will include information on sleep, activity, and nutrition behaviors.

(d) Must participate in unit monthly ABCP assessments to document their progress.

(e) Must meet the body fat standard in order to be released from the ABCP.

(f) Must demonstrate satisfactory progress, as defined in paragraph 3-9*b*, while enrolled in the ABCP and understand that failure to do so will result in bar to continued service or initiation of separation proceedings.

(g) May request education and coaching on obtaining and maintaining optimal body composition through healthy sleep, activity, and nutrition counseling, weight management, behavior modification, and other services through the Army Wellness Center (if available at duty location), and/or other MTF resources.

(h) May request a medical examination if there is reason to believe that there is an underlying medical condition that may be the direct cause of weight gain or the direct cause of the inability to lose weight or body fat.

(3) Must acknowledge enrollment in the ABCP by memorandum to the commander (see fig 3-3) within 2 working days of notification of enrollment.



REPLY TO
ATTENTION OF

DEPARTMENT OF THE ARMY
ORGANIZATION
STREET ADDRESS
CITY STATE ZIP

OFFICE SYMBOL

Date

MEMORANDUM FOR *(Soldier's Name, Unit)*

SUBJECT: Army Body Composition Program Enrollment

1. You have been determined to exceed the body fat standard. Effective today you are enrolled in the Army Body Composition Program (ABCP). While enrolled, you **will** complete the following in accordance with the timeline outlined in AR 600-9, paragraph 3-6 for Active Component and Reserve Component Soldiers on active duty or paragraph 3-7 for Reserve Component Soldiers not on active duty:

- a. Read the online USAPHC TG 358 (Army Weight Management Guide) available at <https://phc.amedd.army.mil/Pages/Library.aspx> within 14 days of enrollment.
- b. Complete and submit the Soldier Action Plan within 14 days of enrollment to the commander.
- c. Must meet with a registered dietician (or health care provider if a dietitian is not available) within 30 days of enrollment and provide a memorandum from the health care provider stating nutritional counseling took place.
- d. Must schedule an appointment with the AWC for metabolic testing, fitness testing, body composition analysis, and education and coaching on healthy sleep, activity, and nutrition, weight management and performance within 30 days of enrollment (if AWC is available at duty location).
- e. Participate in monthly unit body composition assessments.
- f. Participate in commanders' and self-directed physical fitness programs within the parameters of any existing temporary or permanent profile.
- g. May request a medical examination.

2. You have been flagged under the provisions of AR 600-8-2 and entered in a body composition program. A DA Form 268 (Report to Suspend Favorable Personnel Actions (FLAG)) has been placed in your record. Some ramifications of this flagging action include:

- a. You are nonpromotable (to the extent such nonpromotion is permitted by law).
- b. You will not be assigned to command, command sergeant major, or first sergeant positions.
- c. You are not authorized to attend professional military schools and institutional training courses.

3. A goal of 3 to 8 pounds of weight loss or 1% body fat reduction per month is considered to be satisfactory progress. Failure to make satisfactory progress or achieve the body fat standard will result in a bar continue service or separation from service. You must meet the body fat standard to be released from the ABCP.

Commander's Name
Rank, Branch
Commanding

Figure 3-1. Sample of initial Soldier notification counseling



REPLY TO
ATTENTION OF

DEPARTMENT OF THE ARMY
ORGANIZATION
STREET ADDRESS
CITY STATE ZIP

OFFICE SYMBOL

Date

MEMORANDUM FOR (*Soldier's Primary Care Provider, Medical Department Activity, or Agency*)

SUBJECT: Army Body Composition Program Request for Nutrition Counseling

1. (*Soldier's name*) exceeds the weight for height tables by (*number*) pounds and exceeds the body fat standards by (*number*) percent (see AR 600-9).
2. Request nutrition counseling for (*Soldier's name*) in accordance with AR 600-9, paragraph 3-6a(2)(c).

Commander's name
Rank, Branch
Commanding

Figure 3-2. Sample of request for nutrition counseling

b. Soldier Action Plan. Within 14 days of the notification counseling, the Soldier will respond to the commander with a Soldier Action Plan confirming that he or she has read USAPHC TG 358, provide date and time of scheduled nutrition counseling, and indicate what approach he or she intends to use to work towards meeting the body fat standard. The Soldier has the option to modify his or her plan while enrolled in the ABCP (for example, a Soldier may initially opt to follow a commercial weight loss program, but then 2 months later decide to enroll in a no-cost internet-based program). A sample Soldier Action Plan is at figure 3-4.



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MEMORANDUM FOR Commander, *(Unit)*

SUBJECT: Army Body Composition Program Enrollment

1. I understand my responsibilities to achieve the body fat standards.
2. I will have my weight and body fat assessed and recorded monthly or during unit training assemblies, as applicable.
3. I will read the online USAPHC TG 358 (Army Weight Management Guide) (<https://phc.amedd.army.mil/Pages/Library.aspx>).
4. I will participate in commanders' and self-directed physical fitness programs within the parameters of any existing temporary or permanent profile.
5. I will complete the Soldier Action Plan within 14 days of enrollment in the ABCP and submit to you.

Paragraphs 6 and 7 are additional requirements for Active Component and Reserve Component Soldiers on active duty.

6. I will meet with a registered dietitian or healthcare professional (in the absence of a dietitian) and provide you a memorandum from the health care provider stating nutritional counseling took place.
7. I will schedule an appointment with the AWC for metabolic testing, fitness testing, body composition analysis, and education and coaching on healthy sleep, activity, and nutrition, weight management and performance within 30 days of enrollment.
8. I *(do)* or *(do not)* request a medical examination.

Soldier's Name
Rank (Branch or USA)

Figure 3–3. Sample of Soldier acknowledgment of enrollment in the Army Body Composition Program



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MEMORANDUM FOR Commander, (Unit)

SUBJECT: Soldier Action Plan for the Army Body Composition Program

1. I, (*Soldier's name*), understand my responsibilities to meet the Army body fat standards and to have my body fat measured and recorded monthly until I meet standards per AR 600-9.
2. I have read USAPHC TG 358 (Army Weight Management Guide) and familiarized myself with the contents. In addition, I understand it is my responsibility to take action and seek out resources to improve my eating choices, as necessary, to assist in meeting Army readiness requirements.
3. I have completed the Army MOVE!23 interactive questionnaire at <http://usaphcapps.amedd.army.mil/move23/register.asp>. In addition, I reviewed the analysis and recorded my retrieval code for review during my nutrition counseling.
4. I have selected one of the following weight loss or nutrition counseling options as outlined in USAPHC TG 358:

Option A: Weight loss program at the installation medical treatment facility (MTF)
Appointment: (*month/day/year*) at (*time*)

Option B: Registered dietitian visits (if MTF does not have a weight loss program)
Appointment: (*month/day/year*) at (*time*)

Option C: Approved online weight loss program (at own expense)
Name of program: (*program name*)

Option D: Approved commercial weight loss program (at own expense)
Name of program: (*program name*)

Option E: Self-directed program (attach program plan)

Paragraph 5 is an additional requirement for Active Component and Reserve Component Soldiers on active duty only.

5. Per AR 600-9, I have scheduled an appointment with a registered dietitian or health care professional, in the absence of a registered dietitian, at the MTF for nutrition and weight loss education within 30 days of counseling by the commander. I will bring a copy of my Soldier Action Plan to the dietitian appointment for review.
Appointment Date: (*month/day/year*) at (*time*)

6. By my signature below, I acknowledge, understand, accept, and agree to comply with the information contained in USAPHC TG 358 and as indicated above.

Soldier's signature
Soldier's name
Rank, (Branch or USA)

Commander's signature
Commander's name
Rank, Branch
Commanding

Figure 3–4. Sample of Soldier Action Plan

c. *Nutrition counseling.* The Soldier has 30 days after enrollment in the ABCP to meet with a dietitian (or health care provider, if a dietitian is not available) to receive counseling. Soldiers will schedule this appointment and coordinate any absence with their supervisory chain. Soldiers will provide the commander a memorandum signed by a dietitian or health care provider verifying that the counseling took place. A sample memorandum is at figure 3–5.

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MEMORANDUM FOR Commander, (Unit)	
SUBJECT: Army Body Composition Program Nutrition Counseling Results	
1. (Soldier's name) has been provided nutrition counseling in accordance with AR 600-9.	
2. Follow-up counseling will be provided at unit level using information in AR 600-9, appendix C; resources selected by the Soldier contained within the Soldier Action Plan; and the assistance of a designated unit fitness training noncommissioned officer or master fitness trainer, if available.	
Health care personnel's name Rank, Branch (if applicable)	

Figure 3–5. Sample of sleep, activity, and nutrition counseling results

3–7. Actions, counseling, and evaluations for Reserve Component Soldiers not on active duty

The following is required when a Soldier is determined to exceed the body fat standard (see table 3–1):

a. *Notification counseling.* In accordance with AR 600–8–2, the commander has until the final unit training assembly of that weekend’s multiple unit training assembly (MUTA) to Flag the Soldier using DA Form 268. Soldiers will be counseled regarding the initiation of the DA Form 268 prior to the conclusion of the first training period following the date the flagging action was initiated in accordance with AR 600–8–2. The effective date of the flagging action is the date the Soldier is found to be noncompliant. During this notification counseling, Soldiers will be advised they—

(1) Have a DA Form 268 placed on their record to suspend favorable personnel actions. Some of the ramifications of the flagging action include:

- (a) Are nonpromotable (to the extent such nonpromotion is permitted by law).
- (b) Will not be assigned to command, command sergeant major, or first sergeant positions.
- (c) In accordance with AR 350–1, are not authorized to attend military schools and institutional training courses.

(2) Are enrolled in the ABCP effective immediately. While enrolled they—

(a) Within 14 days of enrollment, must read the USAPHC TG 358 at https://phc.amedd.army.mil/PHC%20Resource%20Library/USAPHC_TG_358_Army_Weight_Management_Guide.pdf.

An appointment with a dietitian is optional and at the Soldier’s own expense.

(b) Must complete and return their Soldier Action Plan (refer to para 3–7b) to the commander prior to the conclusion of the first training period after being notified of enrollment in the ABCP.

(c) Must participate in unit monthly ABCP assessments to document their progress.

(d) Must meet the body fat standard in order to be released from the ABCP.

(e) May request AWC evaluation if service is available in geographical location. The evaluation may include height/weight measurement, body composition analysis, and metabolic testing.

(f) May request a medical examination if there is reason to believe that there is an underlying medical condition that may directly contribute to weight gain or prevent weight or body fat loss. This exam is at the Soldier’s own expense.

(3) Must acknowledge enrollment in the ABCP by memorandum to the commander (see fig 3–3) no later than the following MUTA after the notification of enrollment.

b. Soldier Action Plan. At the next scheduled MUTA following ABCP enrollment notification counseling, Soldiers will respond to the commander with a Soldier Action Plan confirming that they have read USAPHC TG 358. Soldiers have the option to modify their plan while enrolled in the ABCP (for example, a Soldier may initially opt to follow a commercial weight loss program, but then 2 months later decide to enroll in a no-cost internet-based program). A sample Soldier Action Plan is at figure 3–4.

c. Nutrition counseling. This is optional at the Soldier’s own expense.

**Table 3–1
Summary of Army Body Composition Program-related actions, counseling, and evaluations**

Action, counseling, and/or evaluation	Who	Requirement	Timing	
			RA and RC on active duty	RC not on active duty
Flagging action (DA Form 268)	Commander	Mandatory	3 working days (after Soldier determined to exceed body fat standard)	Before end of MUTA in which Soldier is determined to exceed body fat
Notification counseling	Commander	Mandatory	2 working days from when DA Form 268 is initiated	No later than the next MUTA after Soldier is determined to exceed body fat
Soldier acknowledgment in ABCP	Soldier	Mandatory	2 working days (after Soldier receives notification counseling)	No later than the next MUTA after the notification counseling
Read USAPHC TG 358	Soldier	Mandatory	14 days (after Soldier receives notification counseling)	14 days (after Soldier receives notification counseling)
Soldier weight and body fat assessment	Commander/designee	Mandatory	Monthly	Monthly
Soldier Action Plan	Soldier	Mandatory	14 days (after Soldier receives notification counseling)	No later than the next MUTA after the notification counseling
Counseling memorandum	Dietitian	Mandatory (RA and RC on active duty only)	Within first 30 days (after Soldier receives notification counseling)	Not applicable
Medical evaluation memorandum	Medical professional	Optional	Upon enrollment in ABCP (Soldier or commander may request it)	Upon enrollment in ABCP (Soldier may request it) at Soldier’s own expense
Medical evaluation memorandum	Medical professional	Mandatory (RA and RC on active duty only)	Soldier is pregnant prior to bar to continued service or separation actions (commander must request it)	Soldier is pregnant (provides documentation from health care provider)
Body composition analysis, metabolic testing and weight management	Army Wellness Center	Optional	Anytime (if resource is available at location)	Anytime (if resource is available at location)

3–8. Administrative requirements

a. Commanders must maintain an ABCP file at the unit on each Soldier enrolled in the program. Each file must include, at a minimum, the following for each enrollment:

- (1) DA Form 268 initiating the flagging action.
- (2) DA Form 5500 or DA Form 5501 from enrollment and each monthly assessment.
- (3) Notification counseling (see fig 3–1).
- (4) Soldier Action Plan (see fig 3–4).

- (5) Counseling results memorandum (RA and RC on active duty only) (see fig 3-5).
- (6) Medical evaluation request memorandum(s), if indicated (RA and RC on active duty only) (see fig 3-6).
- (7) Medical evaluation results, if indicated (RA and RC on active duty only) (see fig 3-7).
- (8) Release from ABCP counseling memorandum from the unit commander (see fig 3-8).
- (9) Copy of DA Form 3349 (Physical Profile), if indicated.



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MEMORANDUM FOR *(Soldier's Primary Care Provider, Medical Department Activity, or Agency)*

SUBJECT: Army Body Composition Program Request for Medical Evaluation

1. *(Soldier's name)* exceeds the weight for height tables by *(number)* pounds and exceeds the body fat standards by *(number)* percent in accordance with AR 600-9.

2. Request a medical evaluation be conducted in view of the following *(select applicable option)*:

Option A: Soldier's profile

Option B: Pregnancy

Option C: Unit commander's special request

Option D: Initiation of separation action (failure to make satisfactory progress in the Army Body Composition Program (ABCP))

Option E: Within 6 months of expiration term of service

Commander's name
Rank, Branch
Commanding

Figure 3-6. Sample of request for medical evaluation



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MEMORANDUM FOR Commander, *(Unit)*

SUBJECT: Army Body Composition Program Medical Evaluation Results

1. This memorandum is to provide information concerning the evaluation of *(Soldier's name)* in accordance with AR 600-9.

2. Based on my examination and evaluation, the Soldier listed above is *(select applicable option)*:

Option A: Medically cleared to fully participate in the Army Body Composition Program (ABCP).

Option B: Not medically cleared to participate in the ABCP.

3. If not medically cleared to fully participate in the ABCP, the following applies *(select applicable option)*:

Option A: The Soldier is pregnant and is temporarily exempt from the requirements of the ABCP, in accordance with AR 600-9, paragraph 3-15.

Option B: The Soldier has an underlying temporary medical condition that directly causes weight gain and/or prevents weight loss, which requires treatment. The Soldier can participate in the ABCP but should not be penalized (processed for separation/bar) if unable to show progress. The estimated time before the Soldier can fully participate in the ABCP is *(specify number, not to exceed 6)* months, in accordance with AR 600-9, paragraph 3-11.

Option C: The Soldier has a permanent medical condition that requires referral to a medical evaluation board or physical evaluation board. The Soldier can participate in the ABCP as required, however, will not be penalized (processed for separation/bar) if unable to show progress. If the board results determine Soldier is fit for duty (retained) and the Soldier is still not in compliance with AR 600-9, the Soldier will be fully enrolled in the ABCP and required to show satisfactory progress.

4. If medically cleared, the Soldier will be enrolled in or continued in the ABCP and administratively handled in accordance with AR 600-9.

5. The Soldier may participate in unit physical training *(fully)* or *(within exercise restrictions outlined in the Soldier's temporary or permanent Physical Profile (DA Form 3349))*.

6. Point of contact for this memorandum is *(email address)* and *(phone number)*.

Health care personnel's name
Rank, Branch (if applicable)

Figure 3–7. Sample of medical evaluation results



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MEMORANDUM FOR (*Soldier's Name, Unit*)

SUBJECT: Release from the Army Body Composition Program

1. It has been determined that you are in compliance with the provisions of AR 600-9 and are therefore removed from the Army Body Composition Program (ABCP) effective this date.
2. Your current weight is (*number*) pounds. Screening table weight ceiling is (*number*) pounds for present age category. Body fat composition is (*number*) percent, which is within the AR 600-9 standards.
3. If you exceed the body fat standard within 12 months after release from the ABCP, you will be flagged, and separation or a bar to reenlistment will be initiated. If you exceed the body fat standard after 12 months, but prior to 36 months, you will be re-enrolled in the ABCP and have 90 days to meet the standard. Failure to meet the standard within 90 days will result in separation or a bar to reenlistment in accordance with AR 600-9, paragraph 3-12d.
4. Documentation of your enrollment and release from the ABCP will be retained in your local unit and electronic personnel file for 36 months from this date.

Commander's name
Rank, Branch
Commanding

Figure 3–8. Sample of release from the Army Body Composition Program

b. Commanders will upload a complete ABCP file (see para 3–8) to iPERMS to ensure that the gaining unit has visibility of flag for noncompliance with body fat standards and access to the associated documents during a permanent change of station. All transferrable flags must be uploaded to iPERMS no earlier than 30 days prior to clearing an installation. The flag packet is retained in iPERMS for 90 days to allow the gaining unit to download the packet.

c. Upon release from the ABCP the commander is responsible for ensuring that the following documents from the Soldier's ABCP packet are submitted to iPERMS per AR 600–8–104. The following documents will only be filed in iPERMS upon Soldier's release from the ABCP:

- (1) Soldier notification counseling (see fig 3–1).
- (2) Soldier acknowledgment (see fig 3–3).
- (3) Soldier action plan (see fig 3–4).
- (4) Release from the ABCP (see fig 3–8).

(5) No other documents from the ABCP will be filed in iPERMS. All documents must be filed together or they will not be filed.

3–9. Monitoring Soldier progress in the Army Body Composition Program

a. Approximately every 30 days (or during unit assemblies for RC not on active duty), commanders will conduct a monthly ABCP assessment to measure Soldier progress, with results annotated on DA Form 5500 or DA Form 5501. During monthly assessments, every Soldier enrolled in the ABCP will be weighed and have a body fat assessment conducted in order to document weight and fat loss progress.

b. A monthly loss of either 3 to 8 pounds or 1 percent body fat are both considered to be safely attainable goals that enable Soldiers to lose excess body fat and meet the body fat standards. Soldiers that meet either of these goals are considered to be making satisfactory progress in the ABCP.

c. Commanders and supervisors will provide additional support, guidance, and resources to enhance Soldier's success. This may include time to participate in ongoing nutritional, sleep counseling or weight loss programs as prescribed by the dietitian or health care provider. Helpful tips for commanders and supervisors are located in appendix C.

3-10. Medical evaluation

a. A medical evaluation is required when:

- (1) Requested by the unit commander.
- (2) Requested by the Soldier (at own expense for RC Soldier not on active duty).
- (3) Soldier is being considered for separation for failure to make satisfactory progress in the ABCP (applies to RA and RC on active duty only).

(4) Soldier is within 6 months of expiration term of service after the initiation of a bar to continued service for failure to make satisfactory progress in the ABCP.

b. The health care provider will conduct a medical evaluation to ensure the Soldier can participate in the ABCP and rule out any underlying medical condition that may be a direct cause of significant weight gain or directly inhibit weight or body fat loss. If an underlying medical condition is found, the following applies:

(1) If the medical condition is temporary and can be controlled with medication or other medical treatment and meets the retention standards of AR 40-501, the health care provider will—

(a) Initiate treatment.

(b) In accordance with AR 40-501, prepare a temporary profile in the e-Profile application within the Medical Operational Data System (MODS) (<https://apps.mods.army.mil>) listing any functional limitations that would prevent the Soldier from fully participating in the ABCP.

(c) Complete the memorandum (fig 3-7) and return to the commander for enrollment in the ABCP.

(d) Refer to appropriate specialist for sleep, nutrition, and exercise counseling.

(e) RC personnel not on active duty may choose to self-refer to their personal physician (at their own expense) for further evaluation or treatment.

(2) If the medical condition does not meet medical retention standards of AR 40-501 (see medical fitness standards for retention and separation, including retirement) the health care provider will refer the Soldier to a medical evaluation board.

c. Aircraft crewmembers exceeding the body fat standards will be referred to a flight surgeon for medical evaluation and determination of impact on flight status.

d. Health care providers will not use the e-Profile application within the MODS (<https://apps.mods.army.mil>) to recommend exemption from ABCP for temporary medical conditions. Health care providers will use the medical evaluation results memorandum (fig 3-7) for this purpose.

3-11. Temporary medical condition

a. All Soldiers found to exceed the allowable body fat standard will have a DA Form 268 initiated and be enrolled in the ABCP.

b. Soldiers found to have a temporary medical condition that directly causes weight gain or prevents weight or body fat loss will have up to 6 months from the initial medical evaluation date to undergo treatment to resolve the medical condition. The medical specialty physician may extend the time period up to 12 months if it is determined more time is needed to resolve the medical condition. During this time, the Soldier will participate in the ABCP, to include initiation of a DA Form 268, nutrition counseling, and monthly body fat assessment, but will not be penalized for failing to show progress. However, if the Soldier meets the body fat standard during this timeframe, he or she will be removed from the ABCP.

c. The provisions of this paragraph are not applicable to medical conditions or injuries based solely on a prescribed reduction in physical activity. The inability to exercise does not directly cause weight gain. Health care personnel will advise Soldiers to modify caloric intake when reduced physical activity is necessary as part of a treatment plan.

d. Once the medical condition is resolved, or 6 months (not to exceed 12 months), whichever occurs first, from the date of the medical evaluation, and if the Soldier still exceeds the body fat standard, he or she will continue participating in the ABCP but will be required to show satisfactory progress, as defined in paragraph 3-9*b*. Health care providers will forward to the Soldier's commander an updated memorandum stating the effective date that the Soldier's temporary medical condition is resolved.

e. If the Soldier is unable to show satisfactory progress in accordance with paragraph 3-9*b*, the Soldier will be subject to separation.

3-12. Program failure

- a. Satisfactory progress in the ABCP is defined as a monthly weight loss of either 3 to 8 pounds or 1 percent body fat.
- b. A Soldier enrolled in the ABCP is considered to be failing the program if:
 - (1) Soldier exhibits less than satisfactory progress on two consecutive monthly ABCP assessments; or
 - (2) After 6 months in the ABCP, Soldier still exceeds body fat standards, and exhibits less than satisfactory progress for three or more (nonconsecutive) monthly ABCP assessments.
- c. When a Soldier has failed the program, the commander will request a medical evaluation.
 - (1) If the medical evaluation finds the Soldier has a medical condition that does not meet medical retention standards of AR 40-501 (see medical fitness standards for retention and separation, including retirement) the Soldier will be processed in accordance with AR 40-501 (see chap 3, disposition).
 - (2) If the Soldier is found to have a temporary underlying medical condition that directly causes weight gain or prevents weight or body fat loss, the commander will follow the requirement in paragraph 3-11b.
 - (3) If the medical evaluation finds no underlying medical condition, then the commander will initiate separation action, bar to continued service, or involuntary transfer to the IRR for RC Soldiers in accordance with AR 140-10.
 - (4) For RC personnel not on active duty only, if the individual has not obtained an evaluation from his or her personal physician under the provisions of paragraph 3-7a(2)(f) and cannot demonstrate that the overweight condition results from an underlying disease process or associated medical condition, the individual may be separated under appropriate regulations without further medical evaluation by health care personnel.
- d. The commander or supervisor will inform the Soldier, in writing, that a bar to continued service, separation action, or a transfer to the IRR is being initiated under the following applicable regulation(s): AR 135-175; AR 135-178; AR 600-8-24 (see eliminations and miscellaneous types of separations); AR 601-280; AR 635-200; AR 140-10; National Guard Regulation (NGR) (AR) 600-5; NGR 600-101; NGR 600-200; or NGR 635-100.

3-13. Release from the Army Body Composition Program

- a. Commanders and supervisors will remove individuals administratively from the ABCP as soon as the body fat standard is achieved. Soldiers that meet the screening table weight must remain in the ABCP program until they no longer exceed the required body fat standard.
- b. The commander will remove the DA Form 268 actions and counsel the Soldier on the importance of maintaining body composition and potential consequences if re-enrolled in the program within 36 months. A sample memorandum of release from ABCP counseling is at figure 3-8.
- c. The following documents will be filed in iPERMS upon the Soldier's release from the ABCP per AR 600-8-104:
 - (1) Soldier notification counseling (see fig 3-1).
 - (2) Soldier acknowledgment (see fig 3-3).
 - (3) Soldier action plan (see fig 3-4).
 - (4) Release from the ABCP (see fig 3-8).
 - (5) No other documents from the ABCP will be filed in iPERMS. All documents must be filed together or they will not be filed. The packet will remain a matter of record for 3 years (36 months) from the date the Soldier is released from the ABCP. iPERMS will automatically remove the records from the system after the 36 months. No action is required from the field for removal. The packet will be filed in the temporary administrative folder and will not be viewed as part of administrative boards or promotion/selection boards.

3-14. Body fat assessment failure within 36 months of release from Army Body Composition Program

- a. If a Soldier again exceeds the body fat standard within 12 months after release from the ABCP, a DA Form 268 will be initiated on the Soldier. The Soldier will undergo a medical evaluation (at own expense for RC not on active duty).
 - (1) If the Soldier is found to have a temporary medical condition that prevents weight or body fat loss, the commander will follow the requirements of paragraph 3-11.
 - (2) If no underlying medical condition is found, the commander will initiate separation action, bar to continued service, or transfer to the IRR per paragraph 3-12d.
- b. If, after 12 months but less than 36 months from the date of release from the ABCP, it is determined that a Soldier again exceeds the body fat standard, a DA Form 268 will be initiated on the Soldier. The Soldier will undergo a medical evaluation (at own expense for RC not on active duty).
 - (1) If the Soldier is found to have a temporary medical condition that prevents weight or body fat loss, the commander will re-enroll the Soldier in the ABCP under the requirements of paragraph 3-11.
 - (2) If no underlying medical condition is found, the commander will re-enroll the Soldier in the ABCP. The Soldier will have 90 days to meet the standards. Soldiers who meet the body fat standard at the 90-day point will be released from

the ABCP. Soldiers who do not meet the ABCP body fat standard at the 90-day point are considered ABCP failures. Commanders will initiate separation action, bar to continued service, or transfer to the IRR per paragraph 3–12*d* for all Soldiers who fail to meet the body fat standard at the 90-day point.

3–15. Pregnancy

a. Personnel who meet this regulation’s standards and become pregnant will be exempt from the standards for the duration of the pregnancy plus the period of 180 days after the pregnancy ends. If, after this period of exemption they are verified to exceed the body fat standard, they will be enrolled in the ABCP, pending approval of a medical doctor that they are fit to participate in the program.

b. Soldiers who become pregnant while enrolled in the ABCP will remain under the flagging action.

c. Soldiers who are enrolled in the ABCP and become pregnant will not be held to the monitoring standards outlined in paragraph 3–9; however, these Soldiers will participate in ongoing nutritional counseling to support a healthy diet and weight throughout their pregnancy.

d. All Soldiers who are enrolled in the ABCP when they become pregnant will be enrolled in the Pregnancy Postpartum Physical Training (P3T) program. P3T is designed to promote and maintain health and fitness throughout pregnancy.

e. Soldiers entered or re-entered in the ABCP after pregnancy will be considered first-time entries into the program; paragraph 3–14 will not apply at that time.

3–16. Hospitalization

Personnel who meet this regulation’s standards and are hospitalized for 30 continuous days or more will be exempt from the standards for the duration of the hospitalization and the recovery period as specified by their profile, not to exceed 90 days from discharge from the hospital. If at the end of the specified recovery period the Soldier exceeds the allowable body fat standard, a DA Form 268 will be initiated and Soldier will be enrolled in the ABCP.

3–17. Exception to policy authority

a. The DCS, G–1 is the approval authority for all exceptions to this regulation. All requests for an exception to this policy will include an endorsement from a medical professional and be processed through the Soldier’s chain of command, with recommendations as to disposition from the company, battalion, and brigade-level commanders, reviewed by the servicing staff judge advocate, and submitted directly to Deputy Chief of Staff, G–1 (DAPE–HR), 300 Army Pentagon, Washington, DC 20310–0300 for final determination.

b. The use of certain medications to treat an underlying medical or psychological disorder or the inability to perform all aerobic events may contribute to weight gain but are not considered sufficient justification for noncompliance with this regulation. Medical professionals should advise Soldiers taking medications that may contribute to weight gain, or Soldiers with temporary or permanent physical profiles that they are still required to meet the body fat standard established in the regulation; the Soldier may be referred to an appropriate specialist for nutrition and exercise counseling as indicated.

c. Chronic medical conditions will not be used to exempt Soldiers from meeting the standards established in this regulation.

d. There are no exemptions to the provisions of this regulation based solely on race, ethnicity, or gender.

3–18. Reenlistment and extension criteria

a. Personnel who exceed the body fat standard in appendix B will not be allowed to reenlist or extend their enlistment.

b. Exceptions to policy for RA personnel (including RC personnel on active duty) are prescribed in this subparagraph. For Soldiers who are otherwise physically fit and have performed their duties in a satisfactory manner, the commander exercising General Court Martial Convening Authority or the first general officer in the Soldier’s normal chain of command (whichever is in the most direct line to the Soldier) may approve the following exceptions to policy:

(1) Extension of enlistment may be authorized for personnel who meet one of the following criteria:

(a) Individuals who have a temporary medical condition that directly precludes loss of weight or body fat. In such cases, the type of ongoing treatment will be documented and the extension will be for the minimum time necessary to correct the condition and achieve the required weight or body fat loss.

(b) Pregnant Soldiers who are otherwise fully qualified for reenlistment, including those with an approved exception to policy, but who exceed acceptable standards prescribed in this regulation, will be extended for the minimum period that will allow birth of the child, plus 7 months. A clearance from the doctor that the Soldier is medically fit to participate in the ABCP is required. Authority, which will be cited on DA Form 1695 (Oath of Extension of Enlistment) is AR 601–280 (see determination of qualifications). On completion of the period of extension, the Soldier will be reevaluated under paragraph 3–15.

(2) Exceptions to policy allowing reenlistment and/or extension of enlistment are authorized only in cases where medically documented conditions (see para 3–11) preclude attainment of required standards.

(a) All requests for extension of enlistment for ARNG and USAR (troop program unit and IRR) personnel not on active duty will be processed under NGR 600–200 or AR 140–111 (see extending enlistment or reenlistment agreements), as appropriate.

(b) Requests for exceptions to policy will be forwarded through the chain of command, with the commander's personal recommendation and appropriate comment at each level to Deputy Chief of Staff, G–1 (DAPE–HR), 300 Army Pentagon, Washington, DC 20310–0300 for final determination. As a minimum, requests will include—

1. The physician's evaluation.
2. A record of progress in the ABCP.
3. Current height and weight.
4. Current body fat assessment results.
5. Years of active Federal service.
6. Other pertinent information.

c. Soldiers who have completed a minimum of 18 years of active Federal service may, if otherwise eligible, be extended for the minimum time required to complete 20 years active Federal service. Retirement must be accomplished no later than the last day of the month in which the Soldier attains retirement eligibility. Application for retirement will be submitted at the time extension is authorized. Approval and/or disapproval authority is outlined in AR 601–280.

d. USAR Soldiers who have completed a minimum of 18 years of qualifying service for retired pay at age 60 may be extended for the minimum time required to complete 20 years qualifying service. Approval and/or disapproval authority is outlined in AR 140–111. Transfer to the IRR or Retired Reserve or discharge will be accomplished at the end of the retirement year in which the Soldier attains the 20 qualifying years.

e. ARNG Soldiers who have completed a minimum of 18 years qualifying service for retired pay at age 60 may be extended for the minimum time required to complete 20 years qualifying service by the State Adjutant General; disapproval authority is the Secretary of the Army as outlined in AR 140–111. Transfer to the IRR or Retired Reserve or discharge will be accomplished at the end of the retired year in which the Soldier attains the 20 qualifying years.

Appendix A

References

Section I

Required Publications

Army regulations are available online from the Army Publishing Directorate website at <https://armypubs.army.mil/>.

AR 135–175

Separation of Officers (Cited in para 3–12*d*.)

AR 135–178

Enlisted Administrative Separations (Cited in para 3–12*d*.)

AR 140–10

Assignments, Attachments, Details, and Transfers (Cited in para 3–12*c*(3).)

AR 140–111

U.S. Army Reserve Reenlistment Program (Cited in para 3–18*b*(2)(a).)

AR 600–8–2

Suspension of Favorable Personnel Actions (Flag) (Cited in para 3–2*e*.)

AR 600–8–24

Officer Transfers and Discharges (Cited in para 3–12*d*.)

AR 600–8–104

Army Military Human Resource Records Management (Cited in para 2–15*j*.)

AR 601–280

Army Retention Program (Cited in para 3–12*d*.)

AR 635–40

Physical Evaluation for Retention, Retirement, or Separation (Cited in para 3–3*b*(2).)

AR 635–200

Active Duty Enlisted Administrative Separations (Cited in para 3–12*d*.)

AR 670–1

Wear and Appearance of Army Uniforms and Insignia (Cited in para 1–5*b*(1)(*d*).)

DODI 1308.3

DOD Physical Fitness and Body Fat Programs Procedures (Cited on title page (summary). (Available at <http://www.esd.whs.mil/DD/>.)

FM 7–22

Army Physical Readiness Training (Cited in para 2–17*b*(1).)

NGR (AR) 600–5

The Active Guard Reserve (AGR) Program Title 32, Full-Time National Guard Duty (FTNGD) Management (Cited in para 3–12*d*.) (Available at <http://www.ngbpdc.ngb.army.mil/>.)

NGR 600–101

Warrant Officers-Federal Recognition and Related Personnel Actions (Cited in para 3–12*d*.) (Available at <http://www.ngbpdc.ngb.army.mil/>.)

NGR 600–200

Enlisted Personnel Management (Cited in para 3–12*d*.) (Available at <http://www.ngbpdc.ngb.army.mil/>.)

NGR 635–100

Termination of Appointment and Withdrawal of Federal Recognition (Cited in para 3–12*d*.) (Available at <http://www.ngbpdc.ngb.army.mil/>.)

USAPHC TG 358

Army Weight Management Guide (Cited in para 3–6*b*.) (Available at <https://phc.amedd.army.mil/Pages/Library.aspx>.)

Section II

Related Publications

A related publication is a source of additional information. The user does not have to read a related publication to understand this publication.

AR 11–2

Managers' Internal Control Program

AR 25–30

Army Publishing Program

AR 40–25

Nutrition Standards and Education

AR 40–501

Standards of Medical Fitness

AR 350–1

Army Training and Leader Development

Section III

Prescribed Forms

Unless otherwise indicated, DA forms are available on the Army Publishing Directorate website at <https://armypubs.army.mil>.

DA Form 5500

Body Fat Content Worksheet (Male) (Prescribed in para 3–4b.)

DA Form 5501

Body Fat Content Worksheet (Female) (Prescribed in para 3–4b.)

Section IV

Referenced Forms

DA Form 11–2

Internal Control Evaluation Certification

DA Form 268

Report to Suspend Favorable Personnel Actions (FLAG)

DA Form 705

Army Physical Fitness Test Scorecard

DA Form 1695

Oath of Extension of Enlistment

DA Form 2028

Recommended Changes to Publications and Blank Forms

DA Form 3349

Physical Profile

Appendix B

Standard Methods for Determining Body Fat Using Body Circumferences, Height, and Weight

B-1. Height and weight measurements

The procedures for the measurements of height, weight, and specific body circumferences for the estimation of body fat are described in this appendix. The weight for height table is listed in table B-1 followed by the body fat standards in table B-2.

a. Soldier's height: The height will be measured with the Soldier in stocking feet (without running shoes) and wearing the authorized physical fitness uniform (trunks and T-shirt). The Soldier will stand on a flat surface with the head held horizontal, looking directly forward with the line of vision horizontal and the chin parallel to the floor. The body will be straight but not rigid, similar to the position of attention. When measuring height to determine body fat percentage (see fig B-1 or fig B-2), the Soldier's height is measured to the nearest half inch. When measuring height to use the weight for height screening table (see table B-1) the Soldier's height is measured and then rounded to the nearest inch with the following guidelines:

- (1) If the height fraction is less than half an inch, round down to the nearest whole number in inches.
- (2) If the height fraction is half an inch or greater, round up to the next highest whole number in inches.

b. Soldier's weight: The weight will be measured with the Soldier in stocking feet and wearing the authorized physical fitness uniform (trunks and T-shirt); running shoes and jacket will not be worn. Scales used for weight measurement will be calibrated annually for accuracy. The measurement will be made on scales available in units and recorded to the nearest pound with the following guidelines:

- (1) If the weight fraction of the Soldier is less than one-half pound, round down to the nearest pound.
- (2) If the weight fraction of the Soldier is one half-pound or greater, round up to the next whole pound.
- (3) No weight will be deducted to account for clothing.

c. Scales used for weight measurement will be calibrated annually. The word "calibrated", is intended to ensure the personnel weight scales used at the unit level for height and weight measurements have been verified for accuracy. It is not intended to require that unit scales be calibrated by test, measurement, and diagnostic equipment personnel or biomedical technicians. Accuracy of scales will be verified by unit personnel that will be performing the height/weight screening. This may be verified by using the tare (zero) function (if available), by following the scale manufacturer's instructions for ensuring accuracy, or by using an object of fixed known weight. Following is an example of using an object of fixed weight (for example, weight labeled 5 pounds) as means to verify accuracy:

- (1) Place an object of known, fixed weight on the scale.
- (2) Compare the reading on the scale to the known weight of the object.
- (3) If the scale reading differs from the known weight of the object being weighed the scale has a calibration feature, adjust the scale until the reading matches the known weight of the object being weighed. Once the reading matches the known weight, the scale is considered to be accurate for the purpose of this regulation.
- (4) If the reading differs from the known weight of the object being weighed and the scale does not have a calibration feature the scale should not be used to determine Soldier compliance with this regulation.
- (5) Once accuracy of scale has been verified, affix a label to the scale with name, date, and signature of the individual verifying the accuracy of the scale. The unit commander will also sign as a witness.

Table B-1
Weight for height table (screening table weight)

Height (inches)	Minimum weight ¹ (pounds)	Male weight in pounds, by age				Female weight in pounds, by age			
		17-20	21-27	28-39	40+	17-20	21-27	28-39	40+
58	91	-	-	-	-	119	121	122	124
59	94	-	-	-	-	124	125	126	128
60	97	132	136	139	141	128	129	131	133
61	100	136	140	144	146	132	134	135	137
62	104	141	144	148	150	136	138	140	142

Table B-1
Weight for height table (screening table weight)—Continued

		Male weight in pounds, by age				Female weight in pounds, by age			
63	107	145	149	153	155	141	143	144	146
64	110	150	154	158	160	145	147	149	151
65	114	155	159	163	165	150	152	154	156
66	117	160	163	168	170	155	156	158	161
67	121	165	169	174	176	159	161	163	166
68	125	170	174	179	181	164	166	168	171
69	128	175	179	184	186	169	171	173	176
70	132	180	185	189	192	174	176	178	181
71	136	185	189	194	197	179	181	183	186
72	140	190	195	200	203	184	186	188	191
73	144	195	200	205	208	189	191	194	197
74	148	201	206	211	214	194	197	199	202
75	152	206	212	217	220	200	202	204	208
76	156	212	217	223	226	205	207	210	213
77	160	218	223	229	232	210	213	215	219
78	164	223	229	235	238	216	218	221	225
79	168	229	235	241	244	221	224	227	230
80 ²	173	234	240	247	250	227	230	233	236

Note:

¹ Male and female Soldiers who fall below the minimum weights shown in table B-1 will be referred by the commander for immediate medical evaluation.

² Add 6 pounds per inch for males over 80 inches and 5 pounds per inch for females over 80 inches.

B-2. Determining body fat using body circumference process

a. Although circumferences may be looked upon by untrained personnel as easy measures, they can give erroneous results if proper technique is not followed. The individual taking the measurements must have a thorough understanding of the appropriate body landmarks and measurement techniques. Unit commanders will require that designated personnel have read the instructions regarding technique and location and obtained adequate practice before official body fat determinations are made. Individuals taking the measurements will be designated unit fitness trainers, certified in body circumference methodology, a certified master fitness trainer, and/or a NCO trained in body circumference methodology, as specified in paragraph 2-16b(1) and/or 2-17a(1). Two members of the unit will be utilized in the taking of measurements; one to place the tape measure and determine measurements and the other to assure proper placement and tension of the tape, as well as to record the measurement on the DA Form 5500 and DA Form 5501. The unit member recording the measurements is responsible for signing the DA Form 5500 and DA Form 5501 in the “prepared by” block. Soldiers should be measured by trained individuals of the same gender. If a trained individual of the same gender is not available to conduct the measurements, a female Soldier will be present when a male measures a female, and a male Soldier will be present when a female measures a male. The two will work with the Soldier between them so the tape is clearly visible from all sides. Take all circumference measurements sequentially three times and record them to the nearest half inch. If any one of the three closest measurements differs by more than 1 inch from the other two, take an additional measurement and compute a mathematical average of the three measurements with the least difference to the nearest half inch and record this value.

b. Soldiers will be measured for body fat in stocking feet and standard Army physical fitness uniform trunks and T-shirt. Undergarments that may serve to bind the abdomen, hip, or thigh areas are not authorized for wear when a Soldier is being measured for body fat composition. This includes, but is not limited to spandex shorts or girdle-like undergarments.

c. When measuring circumferences, compression of the soft tissue requires constant attention. The tape will be applied so it makes contact with the skin and conforms to the body surface being measured. It will not compress the underlying

soft tissues. However, the hip circumference measurement requires more firm pressure to compress the authorized physical fitness uniform trunks. All measurements are made in the horizontal plane (parallel to the floor), unless indicated otherwise.

d. The tape measure will be made of a non-stretchable material, preferably fiberglass; cloth or steel tapes are unacceptable. Cloth measuring tapes will stretch with usage and most steel tapes do not conform to body surfaces. The tape measure will be calibrated, that is, compared with a yardstick or a metal ruler to ensure validity. This is done by aligning the fiberglass tape measure with the quarter-inch markings on the ruler. The markings will match those on the ruler; if not, do not use that tape measure. The tape will be one-quarter to one-half inch wide (not exceeding one-half inch) and a minimum of 5 feet in length. A retractable fiberglass tape is the best type for measuring all areas.

Note. Tapes are currently available through the Army Supply System (Federal stock number 5210-01-238-8103 or national stock number 8315-01-238-8103). The current Army supply system or any other fiberglass tape (not to exceed one-half inch) may be used if retractable tapes cannot be purchased by unit budget funds available and if approved by installation commanders.

e. If using the circumference methodology outlined in this policy and it is determined that the Soldier's body circumference does not meet the ABCP standards, a confirmation will be completed. The above process will be completed by a different team than the completed initial set of measurement. This must occur before any actions are taken by the commander.

Table B-2
Maximum allowable percent body fat standards

Age group: 17-20
Male (% body fat): 20%
Female (% body fat): 30%
Age group: 21-27
Male (% body fat): 22%
Female (% body fat): 32%
Age group: 28-39
Male (% body fat): 24%
Female (% body fat): 34%
Age group: 40 and older
Male (% body fat): 26%
Female (% body fat): 36%

Circumference Value	Height (inches)																			
	60	60.5	61	61.5	62	62.5	63	63.5	64	64.5	65	65.5	66	66.5	67	67.5	68	68.5	69	
13.5	9	9																		
14	11	11	10	10	10	10	9	9												
14.5	12	12	12	11	11	11	11	10	10	10	10	9	9							
15	13	13	13	13	12	12	12	12	11	11	11	11	10	10	10	10	10	9	9	
15.5	15	15	15	15	15	13	13	13	13	12	12	12	12	11	11	11	11	11	10	
16	16	16	15	15	15	15	14	14	14	14	13	13	13	13	12	12	12	12	12	
16.5	17	17	16	16	16	16	15	15	15	15	14	14	14	14	14	13	13	13	13	
17	18	18	18	17	17	17	17	16	16	16	16	15	15	15	15	14	14	14	14	
17.5	19	19	19	18	18	18	18	17	17	17	17	16	16	16	16	16	15	15	15	
18	20	20	20	19	19	19	19	18	18	18	18	18	17	17	17	17	16	16	16	
18.5	21	21	21	20	20	20	20	19	19	19	19	19	18	18	18	18	17	17	17	
19	22	22	22	21	21	21	21	20	20	20	20	20	19	19	19	19	18	18	18	
19.5	23	23	23	22	22	22	22	21	21	21	21	21	20	20	20	20	19	19	19	
20	24	24	24	23	23	23	23	22	22	22	22	21	21	21	21	21	20	20	20	
20.5	25	25	25	24	24	24	24	23	23	23	23	22	22	22	22	21	21	21	21	
21	26	26	26	25	25	25	25	24	24	24	24	23	23	23	23	22	22	22	22	
21.5	27	27	27	26	26	26	26	25	25	25	24	24	24	24	23	23	23	23	23	
22	28	27	27	27	27	26	26	26	26	25	25	25	25	25	24	24	24	24	23	
22.5	29	28	28	28	28	27	27	27	27	26	26	26	26	25	25	25	25	24	24	
23	29	29	29	29	28	28	28	28	27	27	27	27	26	26	26	26	26	25	25	
23.5	30	30	30	29	29	29	29	28	28	28	28	27	27	27	27	27	26	26	26	
24	31	31	30	30	30	30	29	29	29	29	28	28	28	28	28	27	27	27	27	
24.5	32	31	31	31	30	30	30	30	30	29	29	29	29	29	28	28	28	28	27	
25	32	32	32	32	31	31	31	31	30	30	30	30	30	29	29	29	29	28	28	
25.5	33	33	33	32	32	32	32	32	31	31	31	31	30	30	30	30	29	29	29	
26	34	34	33	33	33	33	33	32	32	32	32	31	31	31	31	30	30	30	30	
26.5	35	34	34	34	34	33	33	33	33	32	32	32	32	32	31	31	31	31	30	
27	35	35	35	35	34	34	34	34	33	33	33	33	32	32	32	32	32	31	31	
27.5	36	36	36	35	35	35	35	34	34	34	34	33	33	33	33	32	32	32	32	
28	37	36	36	36	36	35	35	35	35	34	34	34	34	34	33	33	33	33	32	
28.5			37	37	36	36	36	36	35	35	35	35	34	34	34	34	34	33	33	
29					37	37	37	36	36	36	36	36	36	36	35	35	35	35	34	
29.5								37	37	36	36	36	36	36	35	35	35	35	34	
30											37	37	36	36	36	36	35	35	35	
30.5													37	37	37	36	36	36	36	
31																37	37	36	36	
31.5																			37	
32																				
32.5																				
33																				
33.5																				
34																				
34.5																				
35																				

Figure B-1. Percent fat estimates for males

Circumference Value	Height (inches)																				
	69.5	70	70.5	71	71.5	72	72.5	73	73.5	74	74.5	75	75.5	76	76.5	77	77.5	78	78.5	79	79.5
13.5																					
14																					
14.5																					
15																					
15.5	10	10	10	9	9	9															
16	11	11	11	11	10	10	10	10	10	9	9										
16.5	12	12	12	12	12	11	11	11	11	11	10	10	10	10	10	9	9				
17	14	13	13	13	13	13	12	12	12	12	11	11	11	11	11	10	10	10	10	10	9
17.5	15	14	14	14	14	14	13	13	13	13	13	12	12	12	12	12	11	11	11	11	11
18	16	15	15	15	15	15	14	14	14	14	14	13	13	13	13	13	12	12	12	12	12
18.5	17	17	16	16	16	16	15	15	15	15	15	14	14	14	14	14	13	13	13	13	13
19	18	18	17	17	17	17	16	16	16	16	16	15	15	15	15	15	14	14	14	14	14
19.5	19	18	18	18	18	18	17	17	17	17	17	16	16	16	16	16	15	15	15	15	15
20	20	19	19	19	19	19	18	18	18	18	18	17	17	17	17	17	16	16	16	16	16
20.5	21	20	20	20	20	19	19	19	19	19	18	18	18	18	18	17	17	17	17	17	16
21	21	21	21	21	21	20	20	20	20	20	19	19	19	19	19	18	18	18	18	18	17
21.5	22	22	22	22	21	21	21	21	21	20	20	20	20	20	19	19	19	19	19	18	18
22	23	23	23	23	22	22	22	22	22	21	21	21	21	20	20	20	20	20	20	19	19
22.5	24	24	24	23	23	23	23	23	22	22	22	21	21	20	20	20	20	20	20	19	19
23	25	25	24	24	24	24	24	23	23	23	23	23	22	22	22	22	22	21	21	21	21
23.5	26	25	25	25	25	25	24	24	24	24	24	23	23	23	23	23	22	22	22	22	22
24	26	26	26	26	26	25	25	25	25	25	24	24	24	24	24	23	23	23	23	23	22
24.5	27	27	27	27	26	26	26	26	26	25	25	25	25	25	24	24	24	24	24	23	23
25	28	28	28	27	27	27	27	26	26	26	26	26	25	25	25	25	25	24	24	24	24
25.5	29	29	28	28	28	28	27	27	27	27	27	26	26	26	26	26	25	25	25	25	25
26	29	29	29	29	29	28	28	28	28	28	27	27	27	27	27	26	26	26	26	26	25
26.5	30	30	30	30	29	29	29	29	29	28	28	28	28	28	27	27	27	27	26	26	26
27	31	31	30	30	30	30	30	29	29	29	29	29	29	28	28	28	28	27	27	27	27
27.5	32	31	31	31	31	30	30	30	30	30	29	29	29	29	29	28	28	28	28	28	27
28	32	32	32	32	31	31	31	31	31	30	30	30	30	29	29	29	29	29	29	28	28
28.5	33	33	32	32	32	32	32	31	31	31	31	31	30	30	30	30	30	29	29	29	29
29	34	33	33	33	33	32	32	32	32	32	31	31	31	31	31	30	30	30	30	30	29
29.5	34	34	34	34	33	33	33	33	32	32	32	32	32	31	31	31	31	31	30	30	30
30	35	35	34	34	34	34	34	33	33	33	33	32	32	32	32	32	31	31	31	31	31
30.5	35	35	35	35	35	34	34	34	34	34	33	33	33	33	32	32	32	32	32	32	31
31	36	36	36	35	35	35	35	35	34	34	34	34	33	33	33	33	33	33	33	32	32
31.5	37	36	36	36	36	36	35	35	35	35	34	34	34	34	33	33	33	33	33	33	33
32		37	37	37	36	36	36	36	36	35	35	35	35	34	34	34	34	34	33	33	33
32.5				37	37	36	36	36	36	36	35	35	35	35	35	34	34	34	34	34	34
33								37	37	36	36	36	36	36	35	35	35	35	35	34	34
33.5											37	37	36	36	36	36	36	35	35	35	35
34													37	37	37	36	36	36	36	36	35
34.5															37	37	37	36	36	36	36
35																	37	37	37	36	36

Figure B-1. Percent fat estimates for males-Continued

Circumference Value	Height (inches)																			
	58	58.5	59	59.5	60	60.5	61	61.5	62	62.5	63	63.5	64	64.5	65	65.5	66	66.5	67	67.5
45	19																			
45.5	20	20	19																	
46	21	20	20	20	19															
46.5	21	21	21	20	20	20	19	19												
47	22	22	22	21	21	20	20	20	19	19										
47.5	23	23	22	22	22	21	21	21	20	20	19	19								
48	24	23	23	23	22	22	22	21	21	21	20	20	20	19						
48.5	24	24	24	24	23	23	23	22	22	22	21	21	21	20	20	19				
49	25	25	24	24	24	23	23	23	22	22	22	21	21	21	20	20	20	19	19	
49.5	26	26	25	25	24	24	24	23	23	23	22	22	22	21	21	21	20	20	20	19
50	27	26	26	26	25	25	24	24	24	23	23	23	22	22	22	22	21	21	21	20
50.5	27	27	27	26	26	26	25	25	25	24	24	23	23	23	22	22	22	21	21	21
51	28	28	27	27	27	26	26	26	25	25	25	24	24	24	23	23	22	22	22	22
51.5	29	28	28	28	27	27	27	26	26	26	25	25	25	24	24	24	23	23	23	22
52	29	29	29	28	28	28	27	27	26	26	26	25	25	25	24	24	24	23	23	23
52.5	30	30	29	29	29	28	28	28	27	27	26	26	26	25	25	25	24	24	24	24
53	31	30	30	30	29	29	29	28	28	28	27	27	27	26	26	26	25	25	25	24
53.5	31	31	31	30	30	30	29	29	29	28	28	28	27	27	26	26	26	25	25	25
54	32	32	31	31	31	30	30	30	29	29	29	28	28	28	27	27	26	26	26	26
54.5	33	32	32	32	31	31	31	30	30	30	29	29	29	28	28	28	27	27	27	26
55	33	33	33	32	32	31	31	31	30	30	30	29	29	29	28	28	28	27	27	26
55.5	34	34	33	33	33	32	32	32	31	31	31	30	30	30	29	29	29	28	28	28
56	35	34	34	34	33	33	33	32	32	31	31	31	30	30	30	29	29	29	29	28
56.5	35	35	35	34	34	34	33	33	32	32	32	31	31	31	30	30	29	29	29	29
57	36	36	35	35	34	34	34	33	33	33	32	32	32	31	31	31	30	30	30	29
57.5	37	36	36	35	35	35	34	34	34	33	33	33	32	32	31	31	31	30	30	30
58	37	37	36	36	36	35	35	35	34	34	34	33	33	33	32	32	32	31	31	31
58.5	38	37	37	37	36	36	36	35	35	35	34	34	34	33	33	33	32	32	32	31
59	38	38	38	37	37	37	36	36	36	35	35	35	34	34	34	33	33	33	32	32
59.5	39	39	38	38	38	37	37	36	36	36	35	35	35	34	34	34	33	33	33	33
60	40	39	39	38	38	38	37	37	37	36	36	36	35	35	35	34	34	34	33	33
60.5	40	40	39	39	39	38	38	38	37	37	37	36	36	36	35	35	35	34	34	34
61	41	40	40	40	39	39	39	38	38	38	37	37	37	36	36	36	35	35	35	34
61.5	41	41	41	40	40	40	39	39	38	38	38	37	37	37	36	36	36	35	35	35
62	42	42	41	41	40	40	40	39	39	39	38	38	38	37	37	37	36	36	36	35
62.5	42	42	42	41	41	41	40	40	40	39	39	39	38	38	38	37	37	37	36	36
63	43	43	42	42	42	41	41	41	40	40	40	39	39	39	38	38	38	37	37	37
63.5	44	43	43	42	42	42	41	41	41	40	40	40	39	39	39	38	38	38	37	37
64	44	44	43	43	43	42	42	42	41	41	41	40	40	40	39	39	39	38	38	38
64.5	45	44	44	44	43	43	43	42	42	42	41	41	41	41	40	40	39	39	39	38
65	45	45	45	44	44	43	43	43	42	42	42	41	41	41	40	40	39	39	39	39
65.5	46	45	45	45	44	44	44	43	43	43	42	42	42	41	41	41	40	40	40	39
66	46	46	46	45	45	45	44	44	43	43	43	42	42	42	41	41	41	41	40	40
66.5	47	46	46	46	45	45	45	44	44	43	43	43	42	42	42	41	41	41	41	40
67			47	46	46	46	45	45	45	44	44	44	43	43	43	42	42	42	41	41
67.5				47	46	46	46	45	45	45	44	44	44	43	43	43	42	42	42	41
68					47	47	46	46	46	45	45	45	44	44	44	43	43	43	42	42
68.5						47	46	46	46	45	45	45	44	44	44	43	43	43	43	43
69							47	47	46	46	46	45	45	45	44	44	44	43	43	43
69.5									47	46	46	46	45	45	45	44	44	44	44	44
70										47	47	46	46	46	45	45	45	44	44	44
70.5												47	46	46	46	46	45	45	45	45
71													47	47						
71.5															47	47	46	46	46	46
72																47	47	46	46	46
72.5																	47	47	46	46
73																			47	47
73.5																				
74																				
74.5																				
75																				
75.5																				
76																				
76.5																				
77																				
77.5																				
78																				
78.5																				
79																				

Figure B-2. Percent fat estimates for females

Circumference Value	Height (inches)													
	66	66.5	67	67.5	68	68.5	69	69.5	70	70.5	71	71.5	72	72.5
45														
45.5														
46														
46.5														
47														
47.5														
48														
48.5														
49	20	19	19											
49.5	20	20	20	19	19									
50	21	21	21	20	20	20	19							
50.5	22	22	21	21	21	20	20	20	19	19				
51	23	22	22	22	22	22	21	21	21	20	20	20	20	19
51.5	23	23	23	22	22	22	21	21	21	20	20	20	20	19
52	24	24	23	23	23	22	22	22	21	21	21	21	20	20
52.5	25	24	24	24	23	23	23	22	22	22	22	21	21	21
53	25	25	25	24	24	24	23	23	23	23	22	22	22	21
53.5	26	26	25	25	25	24	24	24	23	23	23	23	22	22
54	27	26	26	26	25	25	25	24	24	24	24	23	23	23
54.5	27	27	27	26	26	26	25	25	25	24	24	24	24	23
55	28	28	27	27	27	26	26	26	25	25	25	25	24	24
55.5	29	28	28	28	27	27	27	26	26	26	25	25	25	25
56	29	29	29	28	28	28	27	27	27	26	26	26	25	25
56.5	30	29	29	29	29	28	28	28	27	27	27	26	26	26
57	30	30	30	29	29	29	29	28	28	28	27	27	27	26
57.5	31	31	30	30	30	29	29	29	29	28	28	28	27	27
58	32	31	31	31	30	30	30	29	29	29	29	28	28	28
58.5	32	32	32	31	31	31	30	30	30	29	29	29	29	28
59	33	33	32	32	32	31	31	31	30	30	30	29	29	29
59.5	33	33	33	33	32	32	32	31	31	31	30	30	30	29
60	34	34	33	33	33	32	32	32	32	31	31	31	30	30
60.5	35	34	34	34	33	33	33	32	32	32	32	31	31	31
61	35	35	35	34	34	34	33	33	33	32	32	32	32	31
61.5	36	36	35	35	35	34	34	34	33	33	33	32	32	32
62	36	36	36	35	35	35	35	34	34	34	33	33	33	32
62.5	37	37	36	36	36	35	35	35	34	34	34	34	33	33
63	38	37	37	37	36	36	36	35	35	35	34	34	34	34
63.5	38	38	37	37	37	37	36	36	36	35	35	35	34	34
64	39	38	38	38	37	37	37	36	36	36	36	35	35	35
64.5	39	39	39	38	38	38	37	37	37	36	36	36	36	35
65	40	39	39	39	38	38	38	38	37	37	37	36	36	36
65.5	40	40	40	39	39	39	38	38	38	37	37	37	37	36
66	41	41	40	40	40	39	39	39	38	38	38	37	37	37
66.5	41	41	41	40	40	40	39	39	39	39	38	38	38	37
67	42	42	41	41	41	40	40	40	39	39	39	39	38	38
67.5	42	42	42	41	41	41	41	40	40	40	39	39	39	38
68	43	43	42	42	42	41	41	41	40	40	40	40	39	39
68.5	43	43	43	43	42	42	42	41	41	41	40	40	40	39
69	44	44	43	43	43	42	42	42	41	41	41	41	40	40
69.5	44	44	44	44	43	43	43	42	42	42	41	41	41	41
70	45	45	44	44	44	43	43	43	43	42	42	42	41	41
70.5	46	45	45	45	44	44	44	43	43	43	42	42	42	42
71	46	46	45	45	45	44	44	44	44	43	43	43	42	42
71.5	47	46	46	46	45	45	45	44	44	44	43	43	43	43
72	47	47	46	46	46	45	45	45	45	44	44	44	43	43
72.5			47	47	46	46	46	45	45	45	44	44	44	44
73					47	46	46	46	45	45	45	45	44	44
73.5						47	47	46	46	46	45	45	45	44
74								47	46	46	46	46	45	45
74.5									47	47	46	46	46	45
75											47	46	46	46
75.5												47	47	46
76														47

Figure B-2. Percent fat estimates for females-Continued

B-3. Description of circumference sites and their anatomical landmarks and technique

a. All circumference measurements will be taken three times and recorded to the nearest half inch (or 0.50). Each sequential measurement should be within 1 inch of the next or previous measurement. If the measurements are within 1 inch of each other, derive a mathematical average to the nearest half of an inch. If any one of the three measurements differs by more than 1 inch, take an additional measurement. Then, average the three closest measures.

b. Each set of measurements will be completed sequentially to discourage assumption of repeated measurement readings. For males, complete one set of neck and abdomen measurements, not three neck circumferences followed by three abdomen circumferences. Continue the process by measuring the neck and abdomen in series until three sets of measurements have been completed. For females, complete one set of neck, waist (abdomen), and hip measurements, not three neck circumferences followed by three waist (abdomen) circumferences, and so on. Continue the process by measuring neck, waist (abdomen), and hip series until three sets of measurements have been completed.

c. Instructions for computing body fat are at tables B-3 (males) and B-4 (females). Percent fat estimates are shown in figures B-1 (males) and B-2 (females). Illustrations of each tape measurement are at figures B-3 (males) and B-4 (females).

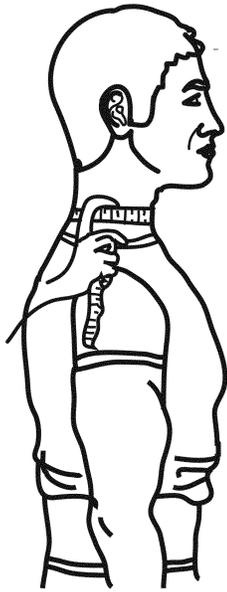
d. All circumference measurement information will be recorded on a DA Form 5500 (male)/5501 (female).

Table B-3
Instructions for completing DA Form 5500 (male)

NAME	Print the Soldier's last name, first name, and middle initial in NAME block.
RANK	Print rank in the RANK box.
HEIGHT	Measure the Soldier's height as described in this appendix to the nearest half inch and record the measurement in HEIGHT block.
WEIGHT	Measure the Soldier's weight as described in this appendix to the nearest pound and record in WEIGHT block.
<i>Note: Follow the rounding rules for rounding height and weight measurement as described earlier in this appendix.</i>	
AGE	Print age in years in AGE block.
STEP 1	Neck measurement. Measure Soldier's neck circumference at a point just below the larynx (Adam's apple and perpendicular to the long axis of the neck). The Soldier should look straight ahead during the measurement, with shoulders down (not hunched). Round the neck measurement up to nearest half inch and record in block labeled FIRST.
STEP 2	Abdominal measurement. Measure the Soldier's abdominal circumference to nearest half inch. Round down to nearest half inch and record in block labeled FIRST.
<i>Note: Repeat STEPS 1 and 2 in series until you have completed three sets of neck and abdomen circumference measurements.</i>	
STEP 3	Average neck measurement. Find mathematical average of FIRST, SECOND, and THIRD neck circumference by adding them together and dividing by three. Place this number to nearest half inch in block marked AVERAGE for STEPS 1 and 3.
STEP 4	Average abdominal measurement. Find mathematical average of FIRST, SECOND, and THIRD abdominal circumference by adding them together and dividing by three. Place this number to nearest half inch in block marked AVERAGE for STEPS 2 and 4.
STEP 5	Circumference value equals abdominal circumference (STEP 4) minus neck circumference (STEP 3). Subtract STEP 4 from STEP 3 and enter results in STEP 5.
STEP 6	Height factor. Enter the height in inches to the nearest half inch.
<i>Note: Follow the rules for rounding of height and weight measurements as described earlier in this appendix.</i>	
STEP 7	Percent body fat. Determine percent body fat by finding Soldier's circumference value (value listed in STEP 5) and height in inches (value listed in STEP 6) in figure B-1. The percent body fat is the value that intercepts with circumference value and height in inches as listed in figure B-1. This is the Soldier's PERCENT BODY FAT.
<i>Note: Go to figure B-1 to locate the circumference value (abdomen minus neck difference) in the left-hand column.</i>	

Table B-4
Instructions for completing DA Form 5501 (female)—Continued

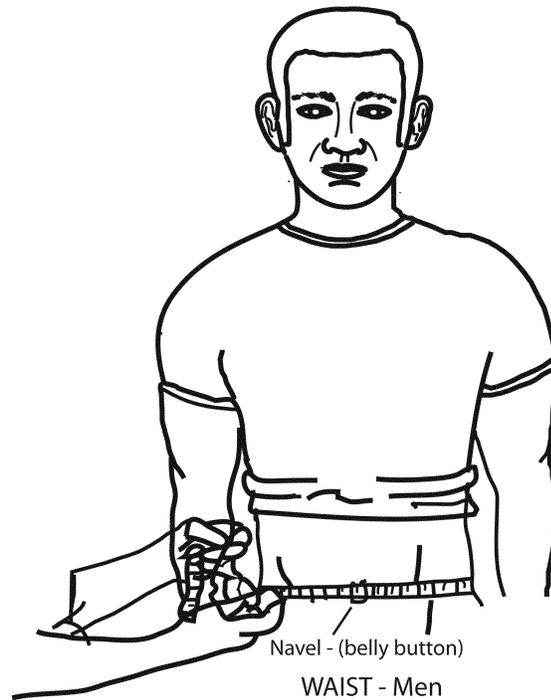
NAME	Print Soldier's last name, first name, and middle initial in NAME block.
RANK	Print rank in RANK block.
HEIGHT	Measure Soldier's height as described in this appendix to nearest half inch and record the measurement in HEIGHT block.
WEIGHT	Measure Soldier's weight as described in this appendix to nearest pound and record in WEIGHT block.
<i>Note: Follow the rules for rounding of height and weight measurement as described earlier in this appendix.</i>	
AGE	Print age in years in AGE block.
STEP 1	Neck measurement. Measure Soldier's neck circumference at a point just below the larynx (Adam's apple and perpendicular to the long axis of the neck). The Soldier should look straight ahead during the measurement, with shoulders down (not hunched). Round the neck measurement up to nearest half inch and record in block labeled FIRST.
STEP 2	Waist (abdomen) measurement. Measure Soldier's natural waist circumference against the skin at the point of minimal abdominal circumference, usually located about halfway between the navel and lower end of sternum (breastbone). If site is not easily visible, take several measurements at probable sites and use the smallest value. Ensure tape is level and parallel to floor. Soldier's arms must be at the sides. Take measurements at the end of Soldier's normal relaxed exhalation. Round the natural waist measurement down to nearest half inch and record in block labeled FIRST.
STEP 3	Hip measurement. Measure Soldier's hip circumference while facing Soldier's right side by placing the tape around the hips so that it passes over the greatest protrusion of the gluteal muscles (buttocks) as viewed from the side. Ensure tape is level and parallel to floor. Apply sufficient tension on tape to minimize effect of clothing without compressing the underlying soft tissue. Round hip measurement down to nearest half inch and record in block labeled FIRST.
	Repeat STEPS 1, 2, and 3 in series until you have completed three sets of neck, waist (abdomen), and hip circumference measurements. Find mathematical average of FIRST, SECOND, and THIRD circumference in STEPS 1, 2, and 3 by adding them together and dividing by three for each step. Place this number to nearest half inch in block marked AVERAGE for each step.
STEP 4	Calculations.
Line A	Waist (abdomen) circumference. Enter value from STEP 2 in line 4A.
Line B	Hip circumference. Enter value from STEP 3 in line 4B.
Line C	Total ($4A+4B=4C$). Add waist circumference (line 4A) and hip circumference (line 4B). Enter result in line 4C.
Line D	Neck circumference. Enter value from STEP 1 in line 4D.
Line E	Circumference value ($4C-4D=4E$). Subtract value in line 4C from value in line 4D. Enter result in line 4E.
Line F	Enter the height in inches to the nearest half inch in line 4F.
<i>Note: Follow the rules for rounding of height and weight measurements as described earlier in this appendix.</i>	
Line G	Percent body fat. Determine percent body fat by finding Soldier's circumference value (value listed in line 4E) and height in inches (line 4F) in figure B-2. Percent body fat is the value that intercepts with circumference value and height in inches as listed in figure B-2. This is the Soldier's PERCENT BODY FAT.
<i>Note: Go to figure B-2 to locate the circumference value in the left-hand column.</i>	



NECK - Men



NECK - Men



Navel - (belly button)

WAIST - Men

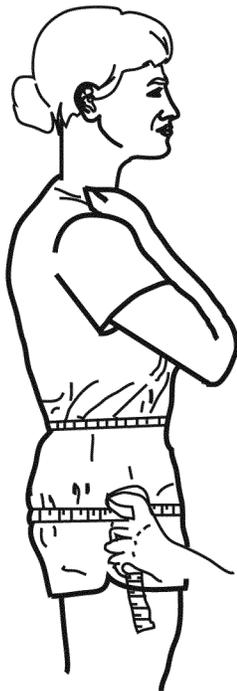
Figure B-3. Male tape measurement illustration



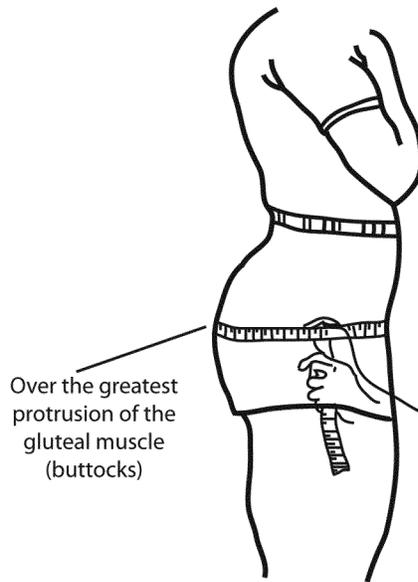
NECK - Women



WAIST - Women



HIP - Women
side measurement



HIP - Women
side measurement

Figure B-4. Female tape measurement illustration

B-4. Circumference sites and landmarks for males

a. Neck. Measure the neck circumference at a point just below the larynx (Adam's apple) and perpendicular to the long axis of the neck. Do not place the tape measure over the Adam's apple. Soldier will look straight ahead during measurement, with shoulders down (not hunched). The tape will be as close to horizontal as anatomically feasible (the tape line in the front of the neck will be at the same height as the tape line in the back of the neck). Care will be taken to ensure the shoulder/neck muscles (trapezius) are not involved in the measurement. Round neck measurement up to the nearest half inch and record (for example, round "161/4 inches" to "161/2 inches").

b. Abdomen. Measure abdominal circumference against the skin at the navel (belly button) level and parallel to the floor. Arms are at the sides. Record the measurement at the end of Soldier's normal, relaxed exhalation. Round abdominal measurement down to the nearest half inch and record (for example, round "34 3/4 inches" to "34 1/2 inches").

B-5. Circumference sites and landmarks for females

a. Neck. This procedure is the same as for males.

b. Waist (abdomen). Measure the natural waist circumference, against the skin, at the point of minimal abdominal circumference. The waist circumference is taken at the narrowest point of the abdomen, usually about halfway between the navel and the end of the sternum (breastbone). When this site is not easily observed, take several measurements at probable sites and record the smallest value. The Soldier's arms must be at the sides. Take measurements at the end of Soldier's normal relaxed exhalation. Tape measurements of the waist will be made directly against the skin. Round the natural waist measurement down to the nearest half inch and record (for example, round "28 5/8 inches" to "28 1/2 inches").

c. Hip. The Soldier taking the measurement will view the person being measured from the side. Place the tape around the hips so that it passes over the greatest protrusion of the gluteal muscles (buttocks), keeping the tape in a horizontal plane (parallel to the floor). Check front to back and side to side to be sure the tape is level to the floor on all sides before the measurements are recorded. Because the Soldier will be wearing authorized physical fitness uniform trunks, the tape can be drawn snugly without compressing the underlying soft tissue to minimize the influence of the shorts on the size of the measurement. Round the hip measurement down to the nearest half inch and record (for example, round "44 3/8 inches" to "44 inches").

B-6. Preparation of DA Form 5500 and DA Form 5501

It is extremely important that the following instructions are read before attempting to complete DA Form 5500 and/or DA Form 5501. Have a copy of the form available when reading these instructions.

a. Tables B-3 and B-4 and figures B-1 through B-4 will provide information needed to prepare DA Form 5500 and DA Form 5501. The instructions for the forms are written in a stepwise fashion. The measurements and computation processes are different for males and females.

b. A DA Form 5500 (male) or DA Form 5501 (female) must be completed for Soldiers who exceed the weight for height table (table B-1). The purpose of this form is to help determine the Soldier's percent body fat using the circumference technique described in this regulation.

c. Before starting, have a thorough understanding of the measurements to be made as outlined in this appendix. A scale for measuring body weight, a device for measuring height, and a measuring tape (see specifications in para B-2d) for the circumference measurements are also required.

d. If any of the measurements are not listed in figure B-1 or B-2, see table B-5 for guidance on how to calculate body fat percentage.

Note. A scientific calculator, which can be found on computers, must be used. On the computer, pull up 'calculator' from 'programs' and then click on 'view' and choose 'scientific'. Commanders are responsible for the accuracy of all calculations. Use of auto calculators is not authorized.

e. The DA Form 5500 or DA Form 5501 requires two signatures. The first signature is the "prepared by" which is the unit member serving to assure proper placement and tension of the tape, as well as to record the measurement on the DA Form 5500 and DA Form 5501. The second signature, "approved by supervisor," should be signed by the commander/supervisor of the Soldier being measured.

Note. All measurements must be in inches. Use normal rounding rules for all measurements and calculations unless otherwise specified.

Table B-5
Sample body fat calculations—Continued

SAMPLE (WOMEN)Measurements: Neck = 15 inches; Waist = 42 inches; Hip = 44 inches; Height = 64 inches

The equation for women is:

$$\% \text{ body fat} = [163.205 \times \text{Log}_{10}(\text{waist} + \text{hip} - \text{neck})] - [97.684 \times \text{Log}_{10}(\text{height})] - 78.387$$

- A. Solve: $[163.205 \times \text{Log}_{10}(71)]$. Take the $\text{Log}_{10}(71) = 1.85$ (when using a calculator, be careful not to use \ln (natural log)). Instead, enter 71 and press the LOG key.
-
- B. Solve: $[97.684 \times \text{Log}_{10}(64)]$. Take the $\text{Log}_{10}(64) = 1.81$ (when using a calculator, be careful not to use the \ln (natural log)). Instead, enter 64 and press the LOG key.
-
- C. Solve the equation:
 $\% \text{ body fat} = (163.205 \times 1.85) - (97.684 \times 1.81) - 78.387$
 $= 301.93 - 176.81 - 78.387$
 $= 47\%$ (actual number is 46.73%; round to the nearest whole %) 2-16
-

SAMPLE (MEN)Measurements: Neck = 16 inches; Waist = 49 inches; Height = 69 inches

The equation for men is:

$$\% \text{ body fat} = [86.010 \times \text{Log}_{10}(\text{waist} - \text{neck})] - [70.041 \times \text{Log}_{10}(\text{height})] + 36.76$$

- A. Solve: $[86.010 \times \text{Log}_{10}(33)]$. Take the $\text{Log}_{10}(33) = 1.52$ (when using a calculator, be careful not to use \ln (natural log)). Instead, enter 33 and press the LOG key.
-
- B. Solve: $[70.041 \times \text{Log}_{10}(69)]$. Take the $\text{Log}_{10}(69) = 1.84$ (when using a calculator, be careful not to use the \ln (natural log)). Instead, enter 69 and press the LOG key.
-
- C. Solve the equation:
 $\% \text{ body fat} = (86.010 \times 1.521) - (70.041 \times 1.841) + 36.76$
 $= 130.74 - 128.88 + 36.76$
 $= 39\%$ (actual number is 38.62%; round to the nearest whole %)
-

Appendix C

Weight Loss

C–1. General

Overweight and obesity are significant military medical concerns because these conditions are associated with decreased operational effectiveness. In order to meet Army body fat standards and avoid losing their careers, Soldiers may resort to dangerous tactics. This limits the body's ability to function effectively and hinders physical and cognitive performance. While some weight loss diets may be harmless, others could result in adverse effects that may compromise the health of the Soldier. These diets usually fail in the end and may start a vicious cycle of weight loss and weight regain.

C–2. Leader responsibilities

Leaders must be aware of unsafe weight loss strategies and pay attention to clues that a Soldier might be engaged in unhealthy weight loss practices. Soldiers suspected of engaging in harmful weight loss practices should be referred by the commander to their primary care manager for a medical evaluation. A consultation with a registered dietitian, who can provide guidance in starting a safe and effective weight loss program, is also recommended.

C–3. Key components of a weight loss program

A healthful and safe weight loss program includes these key components:

a. Nutrition therapy.

(1) A weight loss of no more than 1 to 2 pounds per week is recommended. The best weight loss plan will not be too difficult to follow. It will also help an individual obtain and maintain his or her ideal weight and body fat in the recommended ranges and develop and/or maintain lean muscle tissue required for physical demands. An energy intake that is 500 kcal less than estimated energy needs should achieve a weight loss of 1 to 2 pounds per week.

(2) A healthful diet contains sensible portions of fruits, vegetables, grains, lean protein, and skim and/or low-fat dairy products. In addition, it is recommended that foods and beverages consumed contain little or no added sugar, sodium, and solid fats. Eating four to six small meals per day and not skipping meals, especially breakfast, is helpful for weight loss.

b. Increased physical activity. Physical activity should include aerobic activity, muscular strength and endurance, and flexibility activities. Recommendations:

(1) To maintain a healthy weight: 30 minutes of physical activity 5 to 7 times a week. Bottom line up front: Stay active for a lifetime to keep weight off.

(2) Active weight loss: 60 to 90 minutes of physical activity daily may be needed for weight loss. Physical activity will enhance weight loss as long as the daily resting energy needs are met.

(3) Weight loss maintenance: 30 to 60 minutes daily may be needed to prevent weight gain. Physical activity is the best predictor of weight loss maintenance.

c. Behavior modification. Behavior change is the key to long-term weight management. Specific strategies to change behavior such as self-monitoring, stress management, sleep-strategies, problem solving, planning, and preparing are needed for successful weight loss and maintenance.

C–4. Unsafe weight loss strategies

a. Fasting or starvation. Crash dieting, fasting, or starvation reduces weight, but also slows down the body's metabolism and forces the body to utilize lean muscle or organs for energy. Prolonged fasting can lead to decrease in muscle endurance and loss of strength and power. Coupled with fluid restriction, the dangers of dehydration are also a factor.

b. Water loss or forced dehydration. Since the body is 75 percent water, this is the easiest way to lose weight (2 cups water equals 2 pounds). Most common practices to lose water weight include fluid restriction, exercising in hot and humid conditions, and the use of saunas, "sauna suits," or diuretics. Risks of dehydration include irritability, dizziness, fatigue, weakness, organ failure, and death.

c. Abuse of diuretics and/or laxatives. Used to reduce further the body of excess "weight." This method combines all the risks of dehydration and starvation by depriving the body of fluids and nutrition.

d. Vomiting and/or purging. May lead to dehydration and can be self-induced or with emetics (laxatives) that stimulate the response. This method combines all the risk of dehydration and starvation by depriving the body of fluids and nutrition.

e. Use of diet or weight loss pills (appetite suppressants, metabolism boosters, fat burners).

(1) These weight loss aids may contain chemicals that act like drugs. Many of these supplements can be lethal, especially when taken before heightened physical activity. Others may result in serious side effects like liver damage, kidney problems, heart failure, stroke, or extreme dehydration. Supplements may have negative interactions with medications,

other supplements, or existing medical conditions. The supplement may not have been proven to have any effect on weight loss.

(2) Unlike pharmaceutical products, manufacturers do not need to register dietary supplements with the Food and Drug Administration (FDA) or get FDA approval before producing or selling their products. FDA cannot take action unless problems are reported after the supplement is marketed.

C-5. Unsafe diets

Be suspicious of diets that—

- a. Promise rapid weight loss.
- b. Allow unlimited quantities of only certain foods and/or are overly strict.
- c. Encourage unsafe practices such as fasting, use of diuretics and/or laxatives, or colon cleansing.
- d. Promote special dietary supplements of “diet” pills.

C-6. Eating disorders

An eating disorder is an illness that causes serious disturbances to a person’s food intake, such as eating extremely small amounts of food or severely overeating. Eating disorders affect both men and women, and result from a variety of emotional, physical, and social issues such as depression, anxiety disorders, or substance abuse. Although eating disorders may begin with a preoccupation with food and weight, they are more than just about food. Leaders who suspect a Soldier of suffering from an eating disorder should submit a referral for medical evaluation.

a. *Anorexia nervosa.* A serious potentially life-threatening eating disorder characterized by self-starvation and excessive weight loss. Individuals with anorexia nervosa see themselves as overweight even though they are clearly underweight. Eating, food, and weight control become obsessions.

b. *Bulimia nervosa.* Characterized by a cycle of bingeing and compensatory behaviors such as self-induced vomiting designed to undo or compensate for the effects of binge eating. Bulimia nervosa is a serious, potentially life-threatening eating disorder.

c. *Binge eating.* Occurs when a person loses control over his or her eating. Unlike bulimia nervosa, it is not followed by purging, excessive exercise, or fasting.

d. *Eating disorders not otherwise specified.* Eating disorders that include a combination of signs and symptoms but do not meet the full criteria for an eating disorder.

C-7. Resources

a. *USAPHC TG 358, The Army Weight Management Guide* at https://phc.amedd.army.mil/PHC%20Resource%20Library/USAPHC_TG_358_Army_Weight_Management_Guide.pdf#search=weight%20management provides a list of current nutrition and weight management resources.

b. *De-mything diets.* Diet books routinely top the bestseller lists and new fad diets frequently surface. The following websites sort out the myths to increase understanding of which diets are reasonable and which should be avoided:

(1) Academy of Nutrition and Dietetics at <http://www.eatright.org/dietreviews>.

(2) Weight Control Information Network at <http://win.niddk.nih.gov/publications/myths.htm>. View web page “*Weight Loss and Nutrition Myths-How Much do you Know?*”

c. *Weight loss programs.* Weight Control Information Network at <http://www.win.niddk.nih.gov/publications/choosing.htm>. View web page “*Choosing a Safe and Successful Weight Loss Program.*”

Appendix D

Internal Control Evaluation

D-1. Function

The function covered by this evaluation is the ABCP.

D-2. Purpose

The purpose of this evaluation is to assist the commanders, supervisors, and health care personnel in evaluating the key internal controls listed. It is intended as a guide and does not cover all controls.

D-3. Instructions

Answers must be based on the actual testing of key internal controls (for example, document analysis, direct observation, sampling, simulation, or other). Answers that indicate deficiencies must be explained and the corrective action identified in supporting documentation. These internal controls must be evaluated at least once every 2 years or whenever the internal control administrator changes. Certification that the evaluation has been conducted must be accomplished on DA Form 11-2 (Internal Control Evaluation Certification).

D-4. Test questions

- a.* Is there a master fitness trainer or has someone been designated as the unit fitness training NCO?
- b.* Has a height/weight and/or body fat assessment been performed and documented within the last 6 months for each Soldier in the unit not enrolled in the ABCP?
- c.* Did the commander enroll all eligible Soldiers exceeding body fat standards into the ABCP through notification counseling within 2 working days from initiation of the DA Form 268 for RA and RC Soldiers on active duty (the next MUTA for RC Soldiers not on active duty)?
- d.* Is there a completed unit ABCP file for Soldiers enrolled in the ABCP program?
- e.* Is there a DA Form 268 completed on Soldiers within 3 working days of being found noncompliant with body fat standards?
- f.* Is there a completed Soldier Action Plan on file within 14 days of the notification counseling?
- g.* Is nutrition counseling completed within 30 days after enrollment in the ABCP for RA and RC Soldiers on active duty?
- h.* Does monthly body fat assessment documentation exist for all Soldiers enrolled in the ABCP?
- i.* Are the Soldiers who perform the circumference-based tape method to determine Soldier body fat composition trained and competent to perform the measurements?
- j.* Is there a plan and/or policy established and maintained to describe how key internal controls will be evaluated over a 2-year period?

D-5. Supersession

Not applicable.

D-6. Comments

Help to make this a better tool for evaluating internal controls. Submit comments to Deputy Chief of Staff, G-1 (DAPE-HR), 300 Army Pentagon, Washington, DC 20310-0300.

Glossary

Section I

Abbreviations

ABCP

Army Body Composition Program

ACOM

Army command

ADT

active duty for training

AGR

Active Guard Reserve

APFT

Army Physical Fitness Test

AR

Army regulation

ARNG

Army National Guard

ASCC

Army service component command

CAR

Chief, Army Reserve

CG

commanding general

CNGB

Chief, National Guard Bureau

DA

Department of the Army

DCS

Deputy Chief of Staff

DODI

Department of Defense instruction

DRU

direct reporting unit

FDA

Food and Drug Administration

FM

field manual

FORSCOM

U.S. Army Forces Command

IRR

Individual Ready Reserve

MEDCOM

Medical Command

MODS

Medical Operational Data System

MTF

military treatment facility

MUTA

multiple unit training assembly

NCO

noncommissioned officer

NGR

National Guard Regulation

RA

Regular Army

RC

Reserve Component

TG

technical guide

TRADOC

U.S. Army Training and Doctrine Command

TSG

The Surgeon General

USAPHC

U.S. Army Public Health Center

USAR

U.S. Army Reserve

Section II**Terms****Body composition**

Consists of two major elements of the human body: lean body-mass (which includes muscle, bone, and essential organ tissue) and body fat. Body fat is expressed as a percentage of total body weight that is fat. For example, an individual who weighs 200 pounds and has 18 percent body fat has 36 pounds of fat. Women generally have a higher percentage of body fat than men because of genetic and hormonal differences; thus, body fat standards differ among men and women by age groups.

Exceed body fat standards

When a Soldier's percent body fat exceeds the standard specified in paragraph 3–2. Soldiers that exceed body fat standards are considered not in compliance with Army body fat standards.

Health care personnel

Trained physicians (military or civilian employees or contract personnel), physician's assistants, registered nurses, dietitians, and physical and/or occupational therapists under supervision of the unit surgeon or the commander of the MTF. For the purpose of this regulation, this term includes personnel of U.S. forces and host nations.

Satisfactory progress

As described in paragraph 3–9*b*, progressing at a reasonable pace toward meeting the body fat standard. A monthly loss of 3 to 8 pounds or 1 percent body fat is required for satisfactory progress.

Section III**Special Abbreviations and Terms****Flag**

suspension of favorable personnel action

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