

Physical Fitness Examination (PFE) Scoring Form

Section 1:

Director of Admissions (tp) U.S. Coast Guard Academy 31 Mohegan Avenue New London, CT 06320

800-883-8724 (phone) 860-701-6700 (fax)

www.uscga.edu admissions@uscga.edu Privacy Act Statement. In accordance with 5 USC 552a(e)(3), the following information is provided to you when supplying personal information to the USCG. (1) Authority which authorizes the solicitation of the information: 14 USC 182(a). (2) The Principal Purpose for this information is to ensure that the applicant is basically qualified to apply for the USCGA. (3) Routine uses which may be made of the info: As background info on applicants for the selection process. To contact the applicant. The SSN is a basic identifier. To determine if there are existing USCG records on the individual. In performance of the duties of officials and employees of the USCG, in managing and contributing to the admissions program and appointment of Cadets. (4) Disclosure of the information is voluntary, but the applicant will not be considered further if the information is not provided. Submissions of the Evaluator will not be disclosed to the applicant without consent.

Please provide the information requested in Section 1. Ask either a coach or physical education instructor to administer this examination, providing him/her this form and a copy of the PFE Instruction Manual in advance. Ensure the examiner completes Section 2 and signs the form in pen after you've completed all events. Confirm your raw scores/points before signing the form yourself. This form must be returned to the Admissions Office, along with your other supplemental forms, by March 1st.

Name:			Last Four Digits of SSN:				
City: S			State:	Z	Zip Code:		
Telephone: En			mail:				
If accepted to the who receive a factorial with the PFE Instruction consulting the	pove student is applying the Academy, the application of the applicati	ant will retake this arolled, so accurate r d by the student) and t PFE Instruction Man	examination short eporting is critical then complete the ta- ual. Please direct q	l y after . Please ble belo	Reportin administ w in pen.	ng-In Day and in er the examination Raw score is con	n in accordance verted to points
	1) CADENCE PUSH-UPS 2) TWO MINUTE SIT-UPS		Raw S	Raw Score		Points	
			push-ups				
				sit-ups			
	3) 1.5 MILE RUN		min		sec		
			То	Total Points			
	Body Measure	ements					
	1) HEIGHT	inches	2) WEIGHT			pounds	
	3) WRIST	inches					
Coach/Instructor Name:			Title:				
Signature: Date		Telephone:					
must retake this	orm, I certify that the reevaluation shortly after	r Reporting-In Day a	nd anyone failing t	o meet	the passii		be disenrolled.

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An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a valid OMB control number. The Coast Guard estimates that the average burden for this form is 1 hour. You may submit any comments concerning the accuracy of this estimate or any suggestions for reducing the burden to: U.S. Coast Guard Academy, 31 Mohegan Avenue, New London, CT 06320, or Department of Homeland Security Desk Officer, Office of Management and Budget, Office of Information and Regulatory Affairs, Washington, D.C. 20503.