

PHYSICAL ABILITY STAMINA TEST (PAST) WORKSHEET																
I. TEST INFORMATION																
DATE			START TIME			TEST SITE (NAME/ADDRESS)										
RECRUITER/ EVALUATOR (Rank, Last, First, MI)					RIC CODE			UNIT		Circle: NPS PS RET/Crossflow   AD Guard/Reserve						
II. APPLICANT'S INFORMATION																
NAME (Last, First, Middle Initial)								Applicant ID:			Flight					
III. TEST RESULTS																
TEST COMPONENT					Final Results	Applicant AFS (Circle AFS column title)										
						SWOE		PJ/CCT/TACP/SR		TACPO		STO/CRO		EOD		SERE
Pull-ups in 2 Minutes (1 Minute STO/TACPO/CRO) Total Repetitions:						8 P F		8 P F		12 P F		12 P F		3 P F		8 P F
2-Minute Rest Period																
Sit-ups in 2 Minutes Total Repetitions:						50 P F		50 P F		75 P F		75 P F		Not Tested		48 P F
2-Minute Rest Period																
Push-ups in 2 Minutes Total Repetitions:						40 P F		40 P F		64 P F		64 P F		Not Tested		40 P F
10-Minute Rest Period																
1.5 Mile Run or 3 Mile Run (STO/TACPO/CRO)																
Lap Times (Use spaces as needed for test facility)																
1.	2.	3.	4.	5.												
6.	7.	8.	9.	10.												
11.	12.	13.	14.	15.												
16.	17.	18.	19.	20.												
21.	22.	23.	24.	25.												
Lap Distance _____ Finish Time:						10:20 P F		10:20 P F		22:00 P F		22:00 P F		11:00 P F		11:00 P F
30-Minute Rest Period																
25m UnderwaterSwim 1						Finish P F		Finish P F		Finish P F		Finish P F		Not Tested		Not Tested
3-Minute Rest Period																
25m UnderwaterSwim 2						Finish P F		Finish P F		Finish P F		Finish P F		Not Tested		Not Tested
10-Minute Rest Period																
500m Surface Swim or 1500m Surface Swim (STO/CRO)																
Lap Times (Use spaces as needed for test facility)																
1.	2.	3.	4.	5.												
6.	7.	8.	9.	10.												
11.	12.	13.	14.	15.												
16.	17.	18.	19.	20.												
21.	22.	23.	24.	25.												
Lap Distance _____ Finish Time:						15:00 P F		12:30 P F		12:30 P F		32:00 P F		Not Tested		Not Tested
PAST QUALIFIED FOR CAREER FIELD						Yes No		Yes No		Yes No		Yes No		Yes No		Yes No
IV. CERTIFICATION																
APPLICANT: I certify that I was administered the PAST and have validated all information on this worksheet.					APPLICANT'S SIGNATURE						DATE:					
TEST ADMINISTRATOR CERTIFICATION:					ADMINISTRATOR (Printed Name)						DATE:					
I certify that I am trained and certified to conduct the PAST and that the applicant named above was tested at the recorded time and location, and performed as recorded above.					ADMINISTRATOR SIGNATURE:						UNIT:					
					EMAIL:				PHONE:							
COMMANDER or SUPERINTENDENT ENDORSEMENT: I certify that the Test Administrator above is fully qualified to administer the Physical Ability and Stamina Test (PAST).					Name, Rank (Printed):						UNIT:					
					SIGNATURE:						DATE:					

## AIR FORCE SPECIAL WARFARE/SERE/EOD Physical Ability and Stamina Test (PAST) Instructions

Purpose of the PAST is to assess a candidate's physical abilities for entry into an AF career field. This test is comprised of several events which candidates must pass every event. Candidate will complete all portions of the test even if they do not meet standards on all components in order to determine physical condition status. Failure of any event will result in overall PAST failure. Test administrators will explain PAST procedures to include an explanation and/or demonstration of proper calisthenics form prior to starting the PAST. Test administrators must conduct the PAST in the order and time limits listed on this form. Test administrators (PTL in absence of functional personnel) will sign, have commander/superintendent endorse test results, and provide a copy to member.

1. **Calisthenics:** Three components are evaluated for SW and SERE candidates while EOD only completes the pull-up component. EOD candidates conducting a PAST with SW and SERE candidates will be allotted the 16 minutes between the pull-up component and the run to prepare for the run. Candidates will perform each component to either muscle failure or time completion, whichever occurs first. The test administrator will start the stop watch upon directing the candidates to start the component and announce the time remaining, in 30 second intervals. The counter will count the number of repetitions out loud. If the candidate breaks correct form, the counter repeats the last correct number (e.g., one, two, two, three, etc.), as well as gives instruction on what was done incorrectly (e.g., you are not extending your arms fully, chin not above the bar, keep your back straight, etc.).
  - 1.1. **Pull-ups:** Pull-ups are a two-count exercise. Starting position is hanging from a bar, palms facing away from the candidate with no bend in elbows ("dead-hang") and the head in the neutral position (eyes facing forward). Hand spread is approximately shoulder width apart. Count one; pull the body up until the chin is above the highest point of the horizontal plane of the bar maintaining the neutral position. Count two; return to starting position. Legs are allowed to bend, but must not be kicked or manipulated to aid upward movement. The only authorized rest position is the starting position. Adjustment of the hands is permitted, but if the candidate falls off, releases from the bar or the candidate uses the ground to rest or assist in the exercise, the exercise is terminated. If the candidate's feet inadvertently touch the ground, the repetition will not be counted. If the exercise is terminated, the repetitions performed prior to termination will be recorded.
  - 1.2. **Sit-ups:** Sit-ups are a two-count exercise. Starting position is back flat on the surface, fingers interlocked behind the head, head off the surface, and knees bent at approximately a 90-degree angle. Candidate's feet will be placed under a "toe-hold" bar or held by another individual. Count one; sit up so that the back is perpendicular to the surface. Count two; return to the starting position. The exercise is continuous. If the member's buttocks rises from the surface or his fingers are not interlocked behind his head during the repetition, the repetition is not counted. There is no authorized rest position, so if the member stops, the exercise is terminated. If the exercise is terminated, the repetitions performed prior to termination will be recorded.
  - 1.3. **Push-ups:** Push-ups are a two-count exercise. Starting position is hands, approximately shoulder width apart, arms, back, and legs must remain locked straight and feet together. Count one; lower the body until the elbows are bent at a 90-degree or lower angle and parallel (shoulder to elbow) to the ground. Count two; return to the starting position. The only authorized rest position is the starting position. If the knees touch the ground the exercise is terminated. The exercise will also be terminated if the candidate raises their buttocks in the air, sags their middle to the surface, or raise any hand or foot from their starting position. If the exercise is terminated, the repetitions performed prior to termination will be recorded.
2. **1.5 or 3 Mile Run:** Physical training (PT) clothes and running shoes are the only required items. The run must be conducted on an accurately measured course with no more than a 2% incline on any portion of the course, preferably a running track. The test administrator start the timing device upon instructing the candidates to start and will announce and annotate the time elapsed to each candidate as they complete each lap.
3. **Subsurface/Surface water:** Only SW candidates complete the swim components of the PAST. Swimsuit, sports bra, and goggles/scuba mask are the only authorized equipment items.
  - 3.1. **2 x 25 Meter Underwater Swim:** This exercise is two-3 minute cycles consisting of an underwater swim and surface swim back to the starting point. Candidate will take a breath, submerge, push off the pool wall and swim 25 meters underwater. Candidate will then surface swim, any stroke, to the starting point. The second underwater cycle starts at the end of the first 3 minute period. Complete the second cycle as listed above. If candidate breaks the water's surface during any portion of the underwater swim, the component will be completed but considered a failure of this event.
  - 3.2. **500 or 1500 Meter Surface Swim:** This swim is conducted using the freestyle, breaststroke or sidestroke. The swim is continuous. If a member stops (e.g. rests holding on the side of the pool) any time or uses the bottom of the pool to assist, the test will be stopped and considered a failure of this event.

SWOE - Candidate must successfully complete all SWOE PAST components to be eligible to enter the Air Force as a 9T500, Basic Special Warfare Enlisted Airman. This PAST will be conducted by an Air Force Recruiting Service designated test administrator. The PAST will also be administered by the SWTW as a prerequisite for SW Prep and may be used to washbask (vector to development) or possible removal from training.

PJ/CCT/TACP/SR, TACPO, and STO/CRO - Candidate must successfully complete all PAST components to be eligible to enter the Air Force (Prior Service and ARC), crossflow or retrain into a SW AFS, or be reclassified from a 9T500 into a 1ZXX1 AFSC. The PJ/CCT/TACP/SR applies to enlisted (1Z) AFSCs. TACPO applies to 19ZXB AFSC. STO/CRO applies to 19ZXA and 19ZXC AFSCs respectfully. This PAST is conducted by a designated test administrator (Prior Service, Officer crossflow, and retraining candidates).

SERE - Candidate must successfully complete all SERE PAST components to be eligible to enter the Air Force or retrain into SERE AFS.

EOD - Candidate must successfully complete all EOD PAST components to be eligible to enter the Air Force or retrain into EOD AFS.

Any modifications of the PAST will be coordination with the OPR (AETC/A3S) and coordinated with the DAF functional manager and career field managers for approval.

## LIABILITY RELEASE AND EXPRESS ASSUMPTION OF RISK

### PLEASE READ CAREFULLY AND FILL IN YOUR NAME BEFORE SIGNING

I (name of participant) \_\_\_\_\_, hereby affirm that I have been advised and thoroughly informed of the inherent hazards of the physical activities involved in the Physical Ability and Stamina Test (PAST) and the physical development sessions administered by T3i, Inc.

I hereby state I am in good physical condition and health, and I know of no medical symptoms, conditions, illnesses, or other ailments which would be aggravated, worsened, or in any way adversely affected by my participation in the PAST/physical development activities.

I hereby state that I am voluntarily participating in the PAST and physical development sessions because I desire to be classified into the Spec Ops/Combat Support career fields. I agree to follow the directions and orders of the Air Force personnel directing these activities. I agree to immediately notify these personnel of any physical pain, shortness of breath, or discomfort during these activities.

In consideration for being allowed to participate in these activities, I hereby personally assume all risks in connection with said activities, for any harm, injury, or damage that may befall me while I am taking the PAST or physical development sessions, including all risks connected with these activities. Also, I understand that neither the Air Force nor the United States government provides any medical care in the event I am injured while participating in these physical activities.

I hereby exempt, release, and hold harmless the United States government and the United States Air Force, their employees, agents, officer, director, representatives, and any other person from any claim or lawsuit by me, my family, estate, heirs, or assigns arising out of my participation in this activity. I further state that I am of lawful age and competent to sign this liability release.

This agreement shall be interpreted according to federal law. It shall be as broad and inclusive as permitted by pertinent federal law.

\_\_\_\_\_  
Participant's Full Name

\_\_\_\_\_  
Witness' Full Name

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Date

### IF PARTICIPANT IS UNDER THE AGE OF 18, COMPLETE THE FOLLOWING

I am the parent or legal guardian of (name of participant) \_\_\_\_\_ understand the above hold harmless agreement between my child and the United States. By signing this agreement, I agree to release, acquit, and forever discharge the United States Air Force, their employees, agents, officer, director, representatives, and any other person or entity in interest with them from any and all liability whatsoever, including all claims, demands, or causes of action of any kind and nature I, my minor child, my heirs, executors, or assigns may have or ever claim to have that may occur or arise by reason of my child's participation in the PAST and physical development activities.

\_\_\_\_\_  
Parent or Guardian's Full Name

\_\_\_\_\_  
Participant's Full Name

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Date

### Emergency Contact Information

\_\_\_\_\_  
Name

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Phone Number

## T3i SW/CS REGISTRATION FORM



## T3i SW/CS REGISTRATION FORM

LAST NAME, FIRST NAME, MI			
DATE OF BIRTH		GENDER (SELECT)	CAREER (SELECT)
STATUS (RECRUITER)		FLIGHT (RECRUITER)	APPLICANT ID (RECRUITER)
STREET ADDRESS			
CITY		STATE	ZIP
PRIMARY PHONE		SECONDARY PHONE	EMAIL
RACE (SELECT)	MARITAL STATUS (SELECT)	EDUCATION COMPLETED (SELECT)	
FAVORITE SCHOOL SUBJECT		OCCUPATION	
HOBBIES/INTERESTS			
PARENT'S MARITAL STATUS		NUMBER OF SIBLINGS	
FAMILY MILITARY CONNECTIONS (RELATIONSHIP TO YOU AND BRANCH OF SERVICE)			
INVOLVEMENT WITH ATHLETICS? EXPLAIN LEVEL AND YEARS OF PARTICIPATION			
SELECT YES OR NO AS APPROPRIATE			
DO YOU HAVE A TRAINING PARTNER?			
HAVE YOU EVER BEEN AN EAGLE SCOUT?			
HAVE YOU EVER BEEN IN JROTC OR CIVIL AIR PATROL?			
HAVE YOU HAD ANY LAW ENFORCEMENT ENCOUNTERS?			
HAVE YOU EVER BEEN IN A FIGHT?			
DO YOU REGULARLY PLAY FIRST PERSON SHOOTER GAMES?			