



DEPARTMENT OF HEALTH AND HUMAN SERVICES  
U.S. PUBLIC HEALTH SERVICE COMMISSIONED CORPS



## VERIFIED WEIGHT REPORT

**Instructions:** Public Health Service officers must be evaluated by a medical provider or healthcare professional. The person evaluating the officer is referred to as the testing official.

### SECTION I

Follow the instructions in CCI 241.01, *Readiness and Duty Requirements*, Appendix A. Round values to the nearest 0.5 inch or pound. Refer to the online BMI calculator from [Centers for Disease Control and Prevention](#) (CDC) or [National Institutes of Health](#) (NIH). BMI = [body weight in lbs. x 703] ÷ [height in inches]<sup>2</sup>

1. DATE TESTED (mm/dd/yy)	2. OFFICER'S NAME (Print Last, First, Middle Initial)	3. RANK/GRADE	4. PHS SERNO
5. DATE OF BIRTH (mm/dd/yy)	6. HEIGHT (in feet and inches, no shoes) (feet) (inches)	7. WEIGHT (in pounds, light clothing)	8. BMI (kg/m <sup>2</sup> )

If BMI is 30.0 kg/m<sup>2</sup> to 39.9 kg/m<sup>2</sup>, complete Section II, otherwise leave blank.

### SECTION II

Follow the instructions in CCI 241.01, *Readiness and Duty Requirements*, Appendix A.

#### FEMALE

9. WAIST (at narrowest) (in)	10. HIP (at widest) (in)	11. NECK (at narrowest) (in)	12. ESTIMATED PERCENT BODY FAT (EPBF) %
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#### MALE

13. ABDOMINAL (across belly button) (in)	14. NECK (at narrowest) (in)	15. ESTIMATED PERCENT BODY FAT (EPBF) %
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### SIGNATURES

TESTING OFFICIAL (Print Last, First, Middle Initial)	CREDENTIAL (MD, RN, RDN, etc.)
TESTING OFFICIAL'S SIGNATURE	TESTING OFFICIAL'S EMAIL ADDRESS
OFFICER'S SIGNATURE	OFFICER'S EMAIL ADDRESS

NOTE: I understand that submitted records are manually reviewed and subject to randomized audits. The falsification or other nondisclosure of material medical information may result in the deletion of my submitted document with requirement to resubmit correct documentation and impact both my readiness status and my retention as a Public Health Service officer. Any inaccurate results may require renewal and resubmission of documentation as advised directly by CCHQ Medical Affairs Branch (MAB) or Readiness and Deployment (RDB) Branch representative(s).