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| <b>ADMINISTRATIVE REMARKS</b><br><b>NAVPERS 1070/613 (REV. 10-2024)</b>                                                                                                                                                                                                                                                         |                                                                                                    | <b>SUPPORTING DIRECTIVE MILPERSMAN 1070-320</b>                                                                                 |  |
| SHIP OR STATION:                                                                                                                                                                                                                                                                                                                |                                                                                                    |                                                                                                                                 |  |
| SUBJECT:                                                                                                                                                                                                                                                                                                                        |                                                                                                    | <input type="checkbox"/> PERMANENT <input type="checkbox"/> TEMPORARY                                                           |  |
| Physical Fitness Assessment (PFA) Administrative Counseling/Warning                                                                                                                                                                                                                                                             |                                                                                                    | AUTHORITY (IF PERMANENT):<br>OPNAVINST 6110.1(series) and all applicable Physical Readiness Program (PRP) NAVADMINs and Guides. |  |
| 1. In the most recent PFA Cycle CY20____, the following deficiencies in your performance and/or conduct are identified: (check all that apply)                                                                                                                                                                                  |                                                                                                    |                                                                                                                                 |  |
| a.____ Exceeded the Navy Age Adjusted Standards (AAS). BCA Date:_____                                                                                                                                                                                                                                                           |                                                                                                    |                                                                                                                                 |  |
| b.____ Probationary score in any Physical Readiness Test (PRT) category. PRT Date:_____                                                                                                                                                                                                                                         |                                                                                                    |                                                                                                                                 |  |
| c.____ Failed to meet DoD body composition assessment standard (over 26% males, 36% females). BCA Date:_____                                                                                                                                                                                                                    |                                                                                                    |                                                                                                                                 |  |
| d.____ Failed to meet Physical Readiness Test standards. PRT Date:_____                                                                                                                                                                                                                                                         |                                                                                                    |                                                                                                                                 |  |
| 2. The following corrective actions are required:                                                                                                                                                                                                                                                                               |                                                                                                    |                                                                                                                                 |  |
| a. Actively participate in a Fitness Enhancement Program (FEP) directed and monitored by your command in accordance with OPNAVINST 6110.1 (series), PRP Guides, and all applicable PRP NAVADMINs located on the Physical Readiness website. Failure to attend FEP as directed may result in disciplinary action under the UCMJ. |                                                                                                    |                                                                                                                                 |  |
| b. Read, select, and complete one of the Nutrition Education options in PRP Guide-10 Nutrition Resources located on the Physical Readiness website.                                                                                                                                                                             |                                                                                                    |                                                                                                                                 |  |
| 3. If sub-paragraphs 1.c and/or 1.d apply, you are aware of the administrative actions of a PFA failure as outlined in OPNAVINST 6110.1 (series) and all applicable PRP NAVADMINs.                                                                                                                                              |                                                                                                    |                                                                                                                                 |  |
| 4. Member must initial all that apply below:                                                                                                                                                                                                                                                                                    |                                                                                                    |                                                                                                                                 |  |
| <input type="checkbox"/> I acknowledge the above counseling/warning and understand its contents.                                                                                                                                                                                                                                |                                                                                                    |                                                                                                                                 |  |
| <input type="checkbox"/> I have been informed of my right to submit a statement in response to this counseling/warning (initial one below).                                                                                                                                                                                     |                                                                                                    |                                                                                                                                 |  |
| <input type="checkbox"/> I intend to submit a statement. I will submit my statement within 10 days of this date.                                                                                                                                                                                                                |                                                                                                    |                                                                                                                                 |  |
| <input type="checkbox"/> I do not intend to submit a statement.                                                                                                                                                                                                                                                                 |                                                                                                    |                                                                                                                                 |  |
| _____<br>Commanding Officer's Signature                                                                                                                                                                                                                                                                                         |                                                                                                    |                                                                                                                                 |  |
| _____<br>Member's Signature                                                                                                                                                                                                                                                                                                     |                                                                                                    | _____<br>Witness' Signature                                                                                                     |  |
| <b>NSIPS/ESR CERTIFICATION</b>                                                                                                                                                                                                                                                                                                  |                                                                                                    |                                                                                                                                 |  |
| SUBMIT THIS FORM TO THE NSIPS/ESR SUPERVISOR FOR ENTRY AND/OR VERIFICATION IN NSIPS. THE NSIPS SUPERVISOR MUST COMPLETE THE INFORMATION BELOW AND SUBMIT TO THE MEMBER'S OFFICIAL RECORD FOR PERMANENT ENTRIES. (NOT APPLICABLE TO NEW ACCESSION APPLICANTS)                                                                    |                                                                                                    |                                                                                                                                 |  |
| ENTERED AND VERIFIED IN ELECTRONIC SERVICE RECORD:                                                                                                                                                                                                                                                                              |                                                                                                    |                                                                                                                                 |  |
| VERIFYING OFFICIAL RANK OR GRADE/TITLE:                                                                                                                                                                                                                                                                                         | DATE:<br><div style="border: 1px solid black; width: 100px; height: 20px; margin-top: 5px;"></div> | SIGNATURE OF VERIFYING OFFICIAL:                                                                                                |  |
| <b>SERVICE MEMBER INFORMATION</b>                                                                                                                                                                                                                                                                                               |                                                                                                    |                                                                                                                                 |  |
| NAME (LAST, FIRST, MIDDLE):                                                                                                                                                                                                                                                                                                     | SOCIAL SECURITY NUMBER:                                                                            | BRANCH AND CLASS:                                                                                                               |  |