

**Michigan Defense Force  
Standard Operating Procedures 600–9**

**Personnel - General**

# **The Michigan Defense Force Body Composition Program**

**Joint Force Headquarters - Michigan  
Department of Military and Veterans Affairs  
Lansing, MI  
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For the commander:



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LTC (MI), DF  
Michigan

**History.** This publication is a new formatted publication and supersedes all other applicable communications procedures.

**Summary.** This SOP prescribes the policies and standards for operations and training procedures in the Michigan State Defense Force. It also defines certain command responsibilities and policies. When not stated directly within this publication, applicable Army National Guard, Air National Guard, or State Defense Force guidance will be utilized.

**Applicability.** The SOP applies to all components, elements, detachments, units and personnel of the Michigan State Defense Force, unless otherwise noted.

**Federal and state law.** In all cases where federal law is mentioned, the coinciding state statutes also apply.

**Proponent and exception authority.** The proponents of this SOP are the Michigan State Defense Force Commander, Chief of Staff, the Deputy Chief of Staff for Personnel (S1),

**Supplementations.** This SOP is the basis for all operations and training practices within the Michigan State Defense Force. This SOP is based on federal and state law and applicable federal and state military publications and will be enforced as publications. Other supplements to this publication and establishment of command and local policies and forms not previously authorized by this command are prohibited without prior written approval from the Michigan State Defense Force Commander and / or Adjutant.

**Suggested Improvements.** Suggested improvements which may be considered for this SOP should be forwarded in writing to the proponent agency of this publication. Deputy Chief of Staff for Personnel (S1), Michigan Defense Force, 3411 North Martin Luther King Junior Boulevard, Lansing, MI 48906.

**Review / Revision:** This SOP will be reviewed, at a minimum, every three years and applicable revisions made to it. When necessary, a rapid revision process may be applied and updates may be made sooner. If such rapid revision occurs within one year of the regularly scheduled review, that review will not occur unless deemed necessary by the Chief of Staff.

**Distribution.** This publication is available in electronic form only and is intended for all components, elements, detachments, units and personnel of the Michigan State Defense Force.

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## Chapter 1 Introduction

### 1–1. Purpose

This publication establishes policies and procedures for the implementation of the Defense Force Body Composition Program (DFBCP).

### 1–2. References

See appendix A.

### 1–3. Explanation of abbreviations and terms

a. Terms.

(1) **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 composition standards differ among men and women by age groups.

(2) **Body Mass Index.** The Body Mass Index (BMI) number is a person's weight in kilograms divided by the square of height in meters, and is an indicator of the amount of body fat. This number is used as an approximation of percent body fat.

(3) **Exceed body composition standards.** When a service member's body composition exceeds the standard specified in paragraph 3–2, the service member is considered to be not in compliance with defense force body composition standards, triggering actions designed to help the service member achieve the body composition standards.

(4) **Healthcare personnel.** Trained physicians, physician's assistants, registered nurses, dietitians, and physical and/or occupational therapists. These professionals may be civilians, or members of either the defense force or national guard. The healthcare provider seen regularly by a service member for general medical treatment is their primary care provider (PCP).

(5) **Satisfactory progress.** As described in paragraph 3–8b, satisfactory progress means progressing at a reasonable pace toward meeting the body composition standard. A monthly loss of 2 to 8 pounds, or 1 percent body fat, is required for satisfactory progress. Satisfactory progress must occur each month.

(6) **Alternate Uniform.** As described in Defense Force SOP 670-1, the alternate uniform is mandated for service members with measured BMI above 34, and for service members who fail to make satisfactory progress during two of any three consecutive months while enrolled in the DFBCP. This is not to be considered a punitive measure, but as maintaining the exceptional professional military appearance of the defense force.

b. For the explanation of abbreviations, see the glossary.

### 1–4. Responsibilities

Responsibilities are listed in chapter 2.

### 1–5. Objectives

a. The primary objective of the DFBCP is to ensure all service members achieve and maintain optimal wellbeing and performance under all conditions.

b. Secondary objectives of the DFBCP are to:

- (1) Assist in establishing and maintaining:
  - (a) Operational readiness.
  - (b) Physical fitness.
  - (c) Health.
  - (d) A professional military appearance in accordance with Defense Force SOP 670-1.
- (2) Establish body composition standards.
- (3) Provide procedures by which personnel are counseled to assist in meeting the standards prescribed in this publication.

## **Chapter 2 Responsibilities**

### **2–1. General**

Service members 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 composition 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. Service members will meet defense force body composition standards, as prescribed in this publication, for the individual and collective benefit to themselves, their unit, and the entire Michigan State Defense Force.

### **2–2. Deputy Chief of Staff for Personnel, S1**

- a. The DCS, S1 is responsible for the DFBCP
- b. The DCS, S1 will:
  - (1) Monitor the DFBCP in the Michigan State Defense Force.
  - (2) Take appropriate action under guidance prescribed in this publication.
  - (3) Ensure that service members who do not meet these standards will not be permitted to enter on active duty status for operations, schools or be eligible for promotions.

### **2–3. The Defense Force Surgeon**

The defense force Surgeon will:

- a. Establish medical examination and medical counseling policies in support of the DFBCP.
- 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 service members.
- e. Provide recommendations and/or medical opinions on medical exceptions to policy requests to defense force Commander.
- f. Establish and provide weight reduction and counseling programs in support of the DFBCP, led by master fitness trainers or unit fitness NCOs, or defense force medical personnel.
- g. In coordination with DCS, S3/5/7, provide appropriate training course materials and literature for use by service members, supervisors, master fitness trainers and NCOs, and commanders that include the tenets of sleep, activity, and nutrition and its impact on obtaining and maintaining optimal body composition and performance.
- h. Provide direction to defense force medical personnel in the proper handling of health and nutrition issues.
- i. Suggest to the service member's PCP a referral for health coaching, weight management, sleep education, exercise prescription, and fitness/performance training, if indicated.
- j. Assist the DCS S3/5/7 with developing physical fitness training programs.
- k. Assist the DCS, S1 in selection and training of defense force master fitness trainers.

### **2–4. Deputy Chief of Staff, S3/5/7**

The DCS, S3/5/7 will:

- a. Establish training guidance in support of the DFBCP.
- b. With the defense force Surgeon, provide appropriate training courses, for use by all units, to supervisors, master fitness trainers and NCOs, 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 service members are trained on basic tenets of sleep, activity, and nutrition during the time of their initial entry, and periodically thereafter.
- d. With the defense force Surgeon and the master fitness trainer develop physical fitness training programs in accordance with MIDF DP 7-22.

## **2–5. Deputy Chief of Staff, S4**

The DCS, S4 will:

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

## **2–6. Defense Force Commanders**

Defense force commanders will ensure that service members within their commands are evaluated under the body composition standards prescribed in this publication.

## **2–7. Defense Force Military Training Academy Commandant**

The defense force MTA commandant will take the actions in accordance with Defense Force SOP 350–1 upon determining that a student arriving for a professional military school exceeds the body composition standard.

## **2–8. Individuals**

Each service member (commissioned officer, warrant officer, and enlisted) is responsible for meeting the standards prescribed in this publication.

## **2–9. 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 defense force Duty Level Qualifications Test (DLQT), and meet body composition standards in accordance with Defense Force SOP 600–9.”

## **2–10. Commanders and supervisors**

Commanders and supervisors will:

- a. Implement the DFBCP, to include evaluation of the military appearance of all service members under their jurisdiction and measurement of body composition as prescribed in this publication.
- b. Exercise reasonable due diligence to ensure every scale used for height and weight measurements is accurate (see paragraph B–2).
- c. Maintain memorandums of record to document completion of training on proper height, weight, and body circumference methodology for the unit fitness-training noncommissioned officers (NCOs) or other designated NCOs.



- d. Ensure the continued evaluation of all service members under their command or supervision against the body composition standards prescribed in this publication.
- e. Review monthly Suspension of Favorable Personnel Actions Management Report (MIDF Form 095) for all service members who are flagged or have been flagged within the past 36 months for failing to meet body composition standards.
- f. Communicate with the defense force surgeon and brigade S3/7 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 service members who are currently above their body composition standard or within 3 percent of their body composition standard.
- h. Ensure the complete DFBCP file for flagged service members is uploaded to defense force Brigade Portal no earlier than 30 days prior to the flagged service member's departure to ensure that the gaining unit has visibility of flag for noncompliance with body composition standards and access to the associated documents during a permanent change of station (see paragraph 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 defense force Brigade Portal temporary administrative folder.
- j. Upon release from the DFBCP, submit documents from the service member's DFBCP packet (see paragraph 3–8) to the defense force DCS S1, per Defense Force SOP 600–8–104, Human Resources Records Management.
- k. Unit commanders will designate no less than two male and two female unit fitness training NCOs for the unit. (See paragraph 2–13b.)

## **2–11. Defense force medical personnel**

Defense force medical personnel 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. Assist commanders and supervisors in ensuring that individuals who exceed body composition standards receive counseling from the service member's PCP, at the service member's own expense, including acknowledgement to unit commanders of the required appointment attendance of service members enrolled in the DFBCP. (See paragraph 3–6.)
- b. Identify those individuals who have a pathological condition requiring medical treatment.
- c. Evaluate service members who exceed body composition standards in accordance with this publication.
- d. Advise service members 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 composition standard established in this publication. The defense force commander is the approval authority for special considerations to exception to policy (see paragraph 3–16).
- e. Provide a signed memorandum for the unit commander when the service member has completed all steps in required and optional fitness and nutrition training provided.
- f. Deliver initial training to battalion master fitness trainers and command-designated unit fitness training NCOs in proper height, weight, and body circumference methodology to assess body 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.

- g. 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.
- h. Assist commanders and supervisors with conducting weigh-ins and body composition assessments, as needed.

## **2–12. Designated master fitness trainer or noncommissioned officer**

a. A designated master fitness trainer will:

(1) Provide refresher training to 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.

(2) Provide memorandum of record regarding unit fitness training NCO or other designated NCO completion of proper height, weight, and body circumference methodology training. A copy of each memorandum will be forwarded to the unit S1 for inclusion in the

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

(1) Prescribe proper exercise and fitness techniques, according to the Defense Force Training Manual (TM) 7–22, to assist service members in meeting and maintaining body composition standards.

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

(3) Improve readiness of the unit by assisting commanders in communications with health care professionals.

(4) Provide unit training on performance education on sleep, activity, and performance nutrition.

(5) In the absence of a unit master fitness trainer, the defense force Surgeon will 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.

## Chapter 3 Defense Force Body Composition Program

### 3–1. Overview

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

### 3–2. Standard

a. All service members are required to meet the prescribed body composition standard, as indicated in appendix B. All service members will be screened every 6 months, at a minimum, to ensure compliance with this publication.

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 appendix B, Table B–1) as a screening tool in order to expedite the semi-annual testing process.**

(1) If the service member does not exceed the authorized screening table weight for their age and measured height at that assessment, no body composition assessment is required.

(2) If the service member's assessment value exceeds screening table weight for their age and measured height at that assessment, the service member is considered to be overweight and not in compliance with this publication. A circumference measurement is required to be performed according to appendix B.

d. Commanders have the authority to direct a body composition assessment on any service member at any time that they determine does not present a soldierly appearance to ensure the service member meets the screening table weight for his or her measured height.

e. Service members identified as exceeding the body composition standard will be flagged in accordance with Defense Force SOP 600–1, and enrolled in the DFBCP. They must meet the body composition standard in this publication in order to be released from the program.

### 3–3. Exemptions

a. Service members with special considerations may request a temporary exception to policy. See paragraph 3–16.

b. The following service members are exempt from the requirements of this publication; however, they must maintain a soldierly appearance:

(1) *Service members 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) *Pregnant and postpartum service members.* See paragraph 3–14.

(3) *Service members who have undergone prolonged medical treatment for 30 continuous days or greater.* See paragraph 3–15.

(4) *New recruits.* Recruits, at the end of their initial entry training (IET) period, who remain above the retention body composition standards in this publication, but have shown continual successful progress during their IET period, will continue to. Be enrolled in the DFBCP to meet the retention body composition standards established in this publication. Failure to achieve retention body composition standards during the IET period will result in service members being flagged in accordance with Defense

Force SOP 600–1 and enrolled in the DFBCP. Recruits who fail to show successful progress toward attaining the standards in this publication at any point within one year of entry while on DFBCP will be administratively discharged. Recruits discharged in this manner are denied membership in the Defense Force Auxiliary.

c. At the end of the initial entry-training period, recruits not previously enrolled in the DFBCP will be next monitored at the next regular unit screening. This exception has precedence over paragraph 3–2d.

d. Service members that do not meet the criteria of paragraph 3–3b have the option to request a temporary exception to policy. See paragraph 3–16.

### **3–4. Weigh-in and body composition assessment**

a. Weigh-ins and body composition assessments will be conducted in accordance with appendix B. All service members will be weighed every 6 months, at a minimum. In order to ensure the DFBCP does not interfere with service member performance on the DLQT, weigh-ins may occur at any time up to 14 days prior to the DLQT. Some service members who 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 service member being unable to perform their best on the DLQT if the two events are scheduled close together.

b. Routine weigh-ins will be accomplished at the unit level. Body composition assessments will be accomplished by company or similar level commanders (or their designee) in accordance with standard methods prescribed in appendix B.

c. Service members will be measured by two trained individuals of the same gender as the service member. (Non-binary service members may choose to be measured by either two male or two female trained individuals prior to weigh-in.) The unit master fitness trainer or NCO will take the necessary steps to ensure two trained individuals of each gender are present at the time measurements are regularly scheduled. If two trained individuals of the same gender are not available to conduct the measurements, the unit commander and a female service member will be present when a male service member measures a female, and a male service member will be present when a female measures a male.

d. Units maintain height, weight, and body composition assessment data according to defense force policy. Units will track height and weight electronically on MIDF Form 5500 (Body Fat Assessment Worksheet - Male) or MIDF Form 5501 (Body Fat Assessment Worksheet - Female) if a body composition assessment is required. (Non-binary service members may be tracked on the form associated with their choice of weigh-in gender in 3–4.c. above.) The compiled Unit Report of Body composition Assessments (MIDF Form 5502) will be available to unit commanders, and to MIDF healthcare personnel.

### **3–5. Enrollment in the Defense Force Body Composition Program**

a. Service members who exceed body composition standards in appendix B will be enrolled in the DFBCP. Enrollment in the DFBCP starts on the day that the service member is measured and exceeds standards. The service member will be notified by the unit commander that he or she has been entered in the program prior to the end of the current unit training assembly (see paragraph 3–6 for guidance on notification counseling).

b. While enrolled, service members will be provided exercise guidance by the unit master fitness trainer and/or unit fitness training NCO in accordance with DF-TM 7–22. The unit master fitness trainer and/or unit fitness training NCO will also provide counseling on sleep, activity, and performance nutrition for obtaining and maintaining optimal body composition and performance. Additional resources include performance training to improve performance and promote efficiency during physical training from the master fitness trainer or NCO, and education and coaching on healthy sleep, activity, and nutrition behaviors, and weight management by defense force medical personnel to help the service member meet

the DFBCP standards. The service member may seek additional assistance from their own primary care physician (PCP) at the service member's expense.

c. Initial entry service members (recruits) who exceed body composition standards on the date of entry to service will be entered in the DFBCP and flagged under the provisions of Defense Force SOP 600-1 by the Initial Entry Training commander. (See paragraph 3-3b(4).)

### **3-6. Actions, counseling, and evaluation for MIDF service members**

The following actions are required when a service member is determined to exceed the body composition standard (see table 3-1):

a. **Notification counseling.** In accordance with Defense Force SOP 600-1, the unit commander will Flag the service member using MIDF Form 268, Report to Suspend Favorable Personnel Actions (FLAG), and notify, counsel, and enroll the service member in the DFBCP prior to the end of the unit training assembly (UTA) in which the service member is determined to exceed body composition. The effective date of the MIDF Form 268 flagging action is the date that the service member is found to be noncompliant. The notification counseling documentation will be completed using MIDF Form 4856, Developmental Counseling Form. The service member will be provided with a copy of the completed 4856 form and a copy of the memorandum outlining the requirements of the DFBCP (See Figure 3-1). During this notification counseling, service members will be advised they:

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

(a) The service member is non-promotable.

(b) The service member will not be assigned to command, staff, command sergeant major, or first sergeant positions. Further, failure to maintain satisfactory progress on the DFBCP as indicated in paragraph 3-8.b., shall result in removal of service members from any command, staff, command sergeant major or first sergeant position. Such removal will be documented as a detriment to continued service.

(c) In accordance with Defense Force SOP 350-1, are not authorized to attend defense force authorized schools and institutional training courses, nor state and federal training schools, nor classes that require the consent or approval of defense force DCS, S3/5/7 to attend, such as FEMA resident and MSP-EMHSD in-person training, except when required as part of other employment.

(d) The service member will not be approved for transfer to any other unit while on the DFBCP.

(2) Are enrolled in the DFBCP effective immediately. While enrolled the service member:

(a) Must read the U.S. Army Public Health Center (USAPHC) Technical Guide (TG) 358 within 14 days of enrollment, and pass the knowledge exam. TG 358 and the associated knowledge exam is located on the defense force Brigade Portal.

(b) Must meet with their immediate supervisor to complete their Service Member Action Plan (refer to paragraph b, below) no later than the next UTA following the notification counseling.

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

(d) Must participate in all assigned health, fitness, nutrition and performance trainings.

(e) Must meet the body composition standard, and maintain for a minimum of four consecutive months in order to be released from the DFBCP.

(f) Must demonstrate satisfactory progress, as defined in paragraph 3-8b, while enrolled in the DFBCP, and understand that failure to do so will result in initiation of separation proceedings.

(g) While enrolled in the DFBCP, shall continue to participate in all unit training activities.

(3) Must acknowledge enrollment in the DFBCP by signing the Developmental Counseling Form (MIDF 4856).



**DEPARTMENT OF MILITARY AND VETERANS AFFAIRS**  
**MICHIGAN STATE DEFENSE FORCE**  
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DFMI-4BCOA

20 March 2018

MEMORANDUM FOR *[Soldier's Name, Unit]*

SUBJECT: Defense Force Body Composition Program Enrollment

1. You have been determined to exceed the body fat standard. Effective today you are enrolled in the Defense Force Body Composition Program (DFBCP). While enrolled, you will complete the following in accordance with the timeline outlined in MIDF SOP 600-9, paragraph 3-6

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, and pass the knowledge exam. TG 358 and the associated knowledge exam is located on the defense force Brigade Portal.

b. Meet with your immediate supervisor no later than the next scheduled UTA to complete a Developmental Counseling Form (DF 4856) which will confirm that you have read USAPHC TG 358, and passed the knowledge exam, and outline how you intend to work towards meeting the body composition standard. You may modify your plan while enrolled in the DFBCP.

c. No later than the next scheduled UTA after enrollment in the DFBCP, meet with the unit master fitness trainer and/or unit fitness training NCO to begin to receive counseling. This counseling will continue throughout your enrollment in the DFBCP.

d. Participate in monthly unit body composition assessments.

e. Participate in commanders' and self-directed physical fitness programs within the parameters of any existing temporary or permanent profile.

f. May request a medical examination.

g. Must continue to participate in all unit activities.

2. You have been flagged under the provisions of MIDF SOP 600-1 and entered in a body composition program. A MIDF 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 non-promotable (to the extent such non-promotion is permitted by law).

b. You will not be assigned to command, staff, command sergeant major, or first sergeant positions. Further, failure to maintain satisfactory progress on the DFBCP as indicated in paragraph 3-8.b., shall result in removal of service members from any command, staff, command sergeant major or first sergeant position. Such removal will be documented as a detriment to continued service.

c. You are not authorized to attend professional military schools and institutional training courses.

3. A goal of 2 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 DFBCP.

COMMANDER'S NAME  
Rank, Branch  
Commanding

**Figure 3–1. Sample of initial service member notification counseling**

b. **Service Member Action Plan (counseling form).** No later than the next scheduled UTA following the notification counseling (or 31 calendar days, whichever comes first), the service member and their supervisor will complete a Developmental Counseling Form (DF 4856) confirming that the service member has read USAPHC TG 358 and passed the knowledge exam, and indicate the approach the service member intends to use to work towards meeting the body composition standard. The service member has the option to modify this plan while enrolled in the DFBCP.

c. **Support counseling.** No later than the next scheduled UTA after enrollment in the DFBCP, the service member will meet with the unit master fitness trainer and/or unit fitness training NCO to begin to receive counseling. The unit master fitness trainer and/or unit fitness training NCO will provide education and counseling as indicated in paragraph 3-5.b. This education and counseling will continue throughout the service member's enrollment in the DFBCP, and may continue after successful completion of the DFBCP at the service members request. Each education and counseling will be documented on MIDF Developmental Counseling Form 4856. Failure to make and attend required appointments with the unit master fitness trainer and/or unit fitness training NCO is considered DFBCP failure, resulting in actions outlined in paragraph 3-12.

d. **Alternate uniform.** To provide for a soldierly appearance, service members must maintain an appropriate BMI. Minimally overweight service members may appear to be within the DFBCP standards, and do not distract due to their appearance.

(1) If a service member is determined to have a BMI of 34 or above, they must transition to the alternate uniform immediately, as defined in Defense Force SOP 670-1. Service members may transition back to regular duty uniform when their BMI has been maintained at 33 or below for at least four consecutive months, even if still enrolled in DFBCP.

(2) If a service member on the DFBCP fails to attain a 2-8 pound loss in weight or 1% BMI reduction in two of any three consecutive months, they are required to transition into alternate uniform. Positive progress (weight loss of 2-8 pounds or 1% BMI reduction) must be shown for four consecutive months in order to transition back to the authorized duty uniform.

(3) Service personnel mandated to wear the alternate uniform will remain in the DFBCP until either (1) or (2) above, as applicable, are satisfied.

(4) The DCS, S1 will provide the service member with orders on uniform wear, with copies sent to the service member's supervisor, unit commander and the brigade commander.

### **3-7. Administrative requirements**

a. Unit commanders must maintain all DFBCP entries separately, and have a paper file copy of all entries (DFBCP packet), on each service member enrolled in the program. Each file must include, at a minimum, the following for each enrollment:

(1) MIDF Form 268 initiating the flagging action.

(2) MIDF Form 5500 or MIDF Form 5501 from enrollment and each monthly assessment.

(3) Notification counseling memorandum (DF Form 4856).

(4) The Service Member Action Plan counseling memorandum (DF Form 4856).

(5) Master Fitness Trainer and/or Unit fitness training NCO Counseling results memorandums for each education and counseling (DF Form 4856).

(6) Alternate Uniform orders (if applicable).

(7) Release from DFBCP counseling memorandum from the unit commander (DF Form 4856).

(8) Copy of MIDF Form 3349 (Physical Profile), if indicated.

**Table 1-1 Summary of MIDF Body Composition Program-related actions, counseling, and evaluations**

<b>Action, counseling, and/or evaluation</b>	<b>Who</b>	<b>Requirement</b>	<b>Timing</b>
Periodic (regular) screening	All Personnel	Mandatory	All personnel are screened at least every 6 months and must be within standard. Failure requires following actions:
Flagging action (MIDF Form 268)	Commander	Mandatory	Before end of MUTA in which service member is determined to exceed body composition
Notification counseling (DF Form 4856)	Commander	Mandatory	Before end of MUTA in which service member is determined to exceed body composition
service member acknowledgement in DFBCP (Signature on DF Form 4856 above)	Service member	Mandatory	Before end of MUTA in which service member is determined to exceed body composition
Read USAPHC TG 358 and take knowledge test	Service member	Mandatory	Within 14 days (2 weeks) of notification counseling
Alternate Uniform order	Commander	Mandatory	(A) If BMI is 34 or above, mandatory immediate switch to alternate uniform until BMI is below entry maximum.
			(B) Service member fails to attain 2-8 pound loss (or 1% BMI reduction) in two of any three consecutive months. Unexcused absence from weigh-in is considered failure for the month.
Revocation of alternate uniform order	Commander	Conditional	(A) Service member BMI is at or below 33 for four consecutive months (if service member was at or above BMI of 34).
			(B) Service member achieves 2-8 pound weight loss (or 1% BMI reduction) for four consecutive months (following failure to achieve for 2 of 3 months).
Service member Action Plan (part of DF Form 4856)	Service member (with immediate supervisor)	Mandatory	No later than the next MUTA after notification counseling
Service member height and weight and body composition assessment ("tape")	Commander / designee (unit fitness training NCO)	Mandatory	Monthly at MUTA for duration of enrollment in DFBCP.



**Table 1-1 Summary of MIDF Body Composition Program-related actions, counseling, and evaluations**

Medical evaluation memorandum	Defense Force Surgeon	Upon request of Unit Commander or service member	Report of evaluation by brigade surgeon.
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**Table 1-1 Summary of MIDF Body Composition Program-related actions, counseling, and evaluations - continued**

Medical evaluation memorandum (pregnancy exemption)	Defense Force Surgeon / service member's personal Primary Care Physician	Mandatory	Service member provides documentation directly to defense force Surgeon from PCP prior to regular weigh-in. Service member remains in exemption status for duration of pregnancy plus 365 days (12 months).
Counseling memorandum	Fitness Trainer and/or Unit fitness NCO	Mandatory	Completed for each counseling or educational session with service member.
Body composition analysis, metabolic testing, and weight management	service member's Personal Care Physician (referrals)	Optional	Service member request. This is paid out of personal funds by service member.
Release from DFBCP	Commander	Mandatory	Service member has achieved body composition standard, and maintained it for four months.
Notification of removal from service	Commander	Mandatory	Service member fails DFBCP (see paragraph 3-11).

**3-8. Monitoring service member progress in the MIDF Body Composition Program**

a. During each UTA, commanders will conduct a DFBCP assessment to measure service member progress, with results annotated electronically on MIDF Form 5500 (male) or MIDF Form 5501 (female). During monthly assessments, every service member enrolled in the DFBCP will be weighed and have a body composition assessment conducted in order to document weight and fat loss progress. Failure by a service member in the DFBCP to attend a unit assembly without receiving prior authorization from the unit commander (no less than 72 hours before the published scheduled start of UTA), is considered failure to make satisfactory progress for that month. Unit commanders may grant exceptions for special circumstances.

**b. A monthly loss of either 2 to 8 pounds or 1 percent body fat are both considered to be safely attainable goals that enable service members to lose excess body fat and meet the body composition standards. Service members that meet either of these goals are considered to be making satisfactory progress in the DFBCP.** Temporary setbacks to progress are allowed. Refer to paragraph 3-6d for these conditions and consequences.

c. Commanders and supervisors will provide additional support, guidance, and resources to enhance service member's success. This may include time to participate in ongoing counseling with the unit master fitness instructor and/or unit fitness training NCO. Helpful tips for commanders and supervisors are located in appendix C.

### **3–9. Medical evaluation**

a. A medical evaluation is required when:

- (1) Requested by the unit commander.
- (2) Requested by the service member (at the service member's own expense).
- (3) Service members are being considered for separation for failure to make satisfactory progress in the DFBCP.
- (4) The service member is within 6 months of expiration of service after the initiation of a bar to continued service for failure to make satisfactory progress in the DFBCP.

b. The brigade surgeon will conduct a medical evaluation to ensure the service member can participate in the DFBCP 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. The brigade surgeon may make a referral to the service member's PCP. The cost of all appointments are out of pocket by the service member. 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 the PCP will:

- (a) Initiate treatment.
- (b) Forward the medical information to the brigade surgeon, so that the brigade surgeon, in accordance with MIDF SOP 40–501, can prepare a temporary medical profile in the service member's medical file listing any functional limitations that would prevent the service member from fully participating in the DFBCP. This data will be shared by the brigade surgeon with the unit commander, the unit master fitness instructor, and the unit fitness NCO. The brigade surgeon will complete the memorandum and return to the commander for enrollment in the DFBCP.

(d) Refer the service member to an appropriate specialist for sleep, nutrition, and/or exercise counseling as medically necessary. This treatment is at the service member's expense.

(2) If the medical condition does not meet medical retention standards of Defense Force SOP 40–501 (see medical fitness standards for retention and separation, including retirement) the brigade surgeon will refer the service member to a medical evaluation board.

d. The defense force Surgeon will not use the temporary medical profile to recommend exemption from DFBCP for temporary medical conditions. The defense force surgeon will use the medical evaluation results memorandum for this purpose.

### **3–10. Temporary medical condition**

a. All service members found to exceed the allowable body composition standard will have a MIDF Form 268 initiated and be enrolled in the DFBCP.

b. Service members 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 treating 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 service member will participate in the DFBCP, to include initiation of a MIDF Form 268, nutrition counseling, and monthly body composition assessment, but will not be penalized for failing to show progress. However, if the service member meets the DFBCP standard during this timeframe, he or she

will be removed from the DFBCP following normal procedures. The service member has the option to seek medical discharge from the MIDF in place of referral and specialist treatment at the service member's own expense, if the service member determines that the financial burden is unacceptable. The medical discharge will be handled as an honorable (medical) discharge.

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 service members 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 service member still exceeds the body composition standard, he or she will continue participating in the DFBCP but will be required to show satisfactory progress, as defined in paragraph 3–8b. Health care providers will forward to the brigade surgeon, who will review, and forward to the service member's commander an updated memorandum stating the effective date that the service member's temporary medical condition is resolved. If the service member is unable to show satisfactory progress in accordance with paragraph 3–8b, the service member will be subject to separation.

### **3–11. Program failure**

a. Satisfactory progress in the DFBCP is defined as a monthly weight loss of either 2 to 8 pounds or 1 percent body fat.

b. A service member enrolled in the DFBCP is considered to be failing the program if:

(1) The service member exhibits less than satisfactory progress on three consecutive monthly DFBCP assessments;

(2) He/she fails to participate in all assigned health, fitness, nutrition and performance training; or,

(3) After six months in the DFBCP, the service member still exceeds DFBCP standards and exhibit less than satisfactory progress during any three or more (nonconsecutive) monthly DFBCP assessments, with the count of less than satisfactory progress beginning on the date the service member enters the DFBCP.

c. When a service member has failed the program, the commander will request a medical evaluation from the brigade surgeon. The brigade surgeon will provide the service member with a referral for a medical examination by the service member's PCP. Costs of all PCP and specialist services are paid out of personal funds by the service member.

(1) If the medical evaluation finds the service member has a medical condition that does not meet medical retention standards of MIDF SOP 40–501 (see medical fitness standards for retention and separation, including retirement) the service member will be processed in accordance with MIDF SOP 40–501 (see chapter 3, disposition).

(2) If the service member 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 3–10b.

(3) If the medical evaluation finds no underlying medical condition, then the commander will initiate separation action in accordance with Defense Force SOP 140–10.

d. The commander will inform the service member, in writing, that a separation action is being initiated under the following applicable publication(s): Defense Force SOP 135–175, Separation of Officers; SOP 135–178, Enlisted Administrative Separation; SOP 600–8–24 Officer Transfers and Discharges (see eliminations and miscellaneous types of separations); SOP 601–280 [Army] Retention Program; SOP 635–200 [Active Duty] Enlisted Administrative Separations.

### **3–12. Release from the MIDF Body Composition Program**

- a. Commanders and supervisors will remove individuals administratively from the DFBCP as soon as the service member has maintained the DFBCP standard for a minimum of four consecutive months. Service members that meet the screening table weight, but exceed BMI by measurement (tape) must remain in the DFBCP program until they meet and maintain the BMI standard for a minimum of four consecutive months.
- b. The commander will remove the MIDF Form 268 actions and counsel the service member on the importance of maintaining body composition and potential consequences if re-enrolled in the program within 36 months. This will be documented on DF Form 4856, Developmental Counseling Form.
- c. Commanders will submit to the DCS, S1 the service member's DFBCP packet in full as a matter of record.

### **3–13. Body composition assessment failure within 36 months of release from Defense Force Body Composition Program**

a. If a service member again exceeds the DFBCP standard (weight or BMI) within 12 months after release from the DFBCP, a MIDF Form 268 will be initiated on the service member. The service member will undergo a medical evaluation at the service member's own expense.

(1) If the service member is found to have a temporary medical condition that prevents weight or body fat loss, the commander will follow the requirements of paragraph 3–10b.

(2) If no underlying medical condition is found, the commander will initiate separation action per paragraph 3–11d.

b. If, after 12 months but less than 36 months from the date of release from the DFBCP, it is determined that a service member again exceeds the body composition standard, a MIDF Form 268 will be initiated on the service member. The service member will undergo a medical evaluation at the service member's own expense.

(1) If the service member is found to have a temporary medical condition that prevents weight or body fat loss, the commander will re-enroll the service member in the DFBCP under the requirements of paragraph 3–10b.

(2) If no underlying medical condition is found, the commander will re-enroll the service member in the DFBCP. The service member will have six regular UTAs to meet the standards (Annual Training will count as a regular UTA for this purpose). Service members who meet the body composition standard at the four-month point will be released from the DFBCP. Service members who do not meet the DFBCP standard at the four-month point are considered DFBCP failures. Commanders will initiate separation action per paragraph 3–11d for all service members who fail to meet the body composition standard at the six-month point.

### **3–14. Pregnancy**

a. Personnel who meet this publication's standards and become pregnant will be exempt from the standards for the duration of the pregnancy plus the period of 365 days (twelve months) after the pregnancy ends. If, after this period of exemption they are verified to exceed the body composition standard, they will be enrolled in the DFBCP, pending approval of a medical doctor that they are fit to participate in the program.

b. Service members who become pregnant while enrolled in the DFBCP will remain under the flagging action.

- c. Service members who are enrolled in the DFBCP and become pregnant will not be held to the monitoring standards outlined in paragraph 3–8; however, these service members will participate in ongoing nutritional counseling to support a healthy diet and weight throughout their pregnancy.
- d. All service members who are enrolled in the DFBCP 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. Service members entered or re-entered in the DFBCP after pregnancy will be considered first-time entries into the program; paragraph 3–13 will not apply at that time.

### **3–15. Prolonged medical treatment**

Personnel who meet this publication's standards and undergo prolonged medical treatment for 30 continuous days or more will be exempt from the standards for the duration of the prolonged medical treatment and the recovery period as specified by their profile. At the end of the specified recovery period the service member will be screened for DFBCP compliance. If the service member exceeds the allowable body composition standard, a MIDF Form 268 will be initiated and service member will be enrolled in the DFBCP.

### **3–16. Exception to policy authority**

- a. The defense force commander is the approval authority for all exceptions to this publication. All requests for an exception to this policy will include an endorsement from a medical professional with the endorsement reviewed by the brigade surgeon, and be processed through the service member's chain of command, with recommendations as to disposition from the company and battalion-level commanders, reviewed by the defense force judge advocate, and submitted directly to the defense force commander 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 publication. Medical professionals should advise service members taking medications that may contribute to weight gain, or service members with temporary or permanent physical profiles that they are still required to meet the body composition standard established in the publication; the service member may be referred to an appropriate specialist for nutrition and exercise counseling as indicated.
- c. Chronic medical conditions will not be used to exempt service members from meeting the standards established in this publication.
- d. There are no exemptions to the provisions of this publication based solely on race, ethnicity, or gender.

### **3–17. Reenlistment and extension criteria**

- a. Personnel who exceed the DFBCP standard in appendix B will not be allowed to reenlist or extend their enlistment.
- b. Exceptions to policy for defense force personnel are prescribed in this subparagraph. For service members who are otherwise physically fit and have performed their duties in a satisfactory manner, the defense force commander 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 service members who are otherwise fully qualified for reenlistment, including those with an approved exception to policy, but who exceed acceptable standards prescribed in this publication, will be extended for the minimum period that will allow birth of the child, plus 12 months. A clearance from the doctor that the service member is medically fit to participate in the DFBCP is required. Authority, which will be cited on MIDF Form 1695, (Oath of Extension of Enlistment) is Defense Force SOP 601–280, Defense Force Retention Program (see determination of qualifications). On completion of the period of extension, the service member will be reevaluated under paragraph 3–14.

(2) Exceptions to policy allowing reenlistment and/or extension of enlistment are authorized only in cases where medically documented conditions (see paragraph 3–10) preclude attainment of required standards. 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 the defense force commander for final determination. As a minimum, requests will include:

- (a) The physician's evaluation.
- (b) A record of progress in the DFBCP.
- (c) Current height and weight.
- (d) Current body composition assessment results.
- (e) Years of service.
- (f) Other pertinent information.

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

## **Appendix A References**

### **Section I Required Publications**

*MIDF publications are available online at the MIDF Brigade Portal*

MIDF SOP 135–175, Separation of Officers (Cited in paragraph 3–11d.)

MIDF SOP 135–178, Enlisted Administrative Separations (Cited in paragraph 3–11d.)

MIDF SOP 140–10, Assignments, Attachments, Details, and Transfers (Cited in paragraph 3–12c(3).)

MIDF SOP 600–1, Suspension of Favorable Personnel Actions (Flag) (Cited in paragraph 3–2e.)

MIDF SOP 600–8–24, Officer Transfers and Discharges (Cited in paragraph 3–11d.)

MIDF SOP 600–8–104, MIDF Military Human Resource Records Management (Cited in paragraph 2–15j.)

MIDF SOP 601–280, MIDF Retention Program (Cited in paragraph 3–11d.)

MIDF SOP 635–40, Physical Evaluation for Retention, Retirement, or Separation (Cited in paragraph 3–3b(2).)

MIDF SOP 635–200, Active Duty Enlisted Administrative Separations (Cited in paragraph 3–11d.)

MIDF SOP 670–1, Wear and Appearance of MIDF Uniforms and Insignia (Cited in paragraph 1–5b(1)(d).)

MIDF TM 7–22, MIDF Physical Readiness Training (Cited in paragraph 2–17b(1).)

USAPHC TG 358 Army Weight Management Guide (Cited in paragraph 3–6b.) (Available at <https://phc.amedd.MIDF.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.*

MIDF SOP 11–2 Managers' Internal Control Program

MIDF SOP 40–25 Nutrition Standards and Education

MIDF SOP 40–501 Standards of Medical Fitness

MIDF SOP 350–1 MIDF Training and Leader Development

### **Section III Prescribed Forms**

*Unless otherwise indicated, forms are available on the MIDF Portal*

MIDF Form 5500 Body Fat Content Worksheet (Male) (Prescribed in paragraph 3–4b.)

MIDF Form 5501 Body Fat Content Worksheet (Female) (Prescribed in paragraph 3–4b.)

### **Section IV Referenced Forms**

MIDF Form 11–2, Internal Control Evaluation Certification

MIDF Form 268, Report to Suspend Favorable Personnel Actions (FLAG)

MIDF Form 705, MIDF Physical Fitness Test Scorecard

MIDF Form 1695, Oath of Extension of Enlistment

MIDF Form 2028, Recommended Changes to Publications and Blank Forms

MIDF Form 3349, Physical Profile

## Appendix B Standard Methods for Determining Body composition 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 composition standards in table B–2. Table B–1 provides a reference to determine the BMI number when height and weight are known. Instances where a service member's BMI number is at or above the listed maximum for their height, measurements of specific body circumference is required.

a. **Service member's height:** The height will be measured with the service member in stocking feet (without shoes) and wearing the authorized physical fitness uniform (trunks and T-shirt). The service member 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 composition percentage (see fig B–1 or fig B–2), the service member'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 service member'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. **Service member's weight:** The weight will be measured with the service member in stocking feet and wearing the authorized physical fitness uniform (trunks with an undergarment, and T-shirt; jewelry and identification tags will not be worn; glasses may be removed); 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 service member is less than one-half pound, round down to the nearest pound.

(2) If the weight fraction of the service member 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 prior to 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, a 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 and 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 publication.

(4) If the reading differs from the known weight of the object being weighed and the scale does not have a calibration feature, personnel conducting the screening may use the scale only with a calculated



adjustment to correct the difference. The scale should not be used past the date it is determined to be out of calibration, and must be replaced prior to the next screening date. If the scale is property of MIARNG or similar military unit, notify the owning unit of the discrepancy.

(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**

Height (inches)	Minimum weight (pounds)	Male max weight in pounds, by age				Female max weight in pounds, by age				Alternate Uniform Required at and above this weight (BMI≥34).
		17 – 20	21 – 27	28 – 39	40+	17 – 20	21 – 27	28 – 39	40+	
58	91					119	122	123	126	162
59	94					124	126	127	131	167
60	97	132	137	140	144	128	130	132	136	173
61	100	136	141	145	149	132	135	136	140	179
62	104	141	145	149	153	136	139	141	145	185
63	107	145	150	155	158	141	144	145	149	191
64	110	150	156	160	163	145	148	150	154	197
65	114	155	161	165	168	150	154	156	159	203
66	117	160	165	170	173	155	158	160	164	210
67	121	165	171	176	180	159	163	165	169	216
68	125	170	176	181	185	164	168	170	174	223
69	128	175	181	186	190	169	173	175	180	229
70	132	180	187	191	196	174	178	180	185	236
71	136	185	191	196	201	179	183	185	190	243
72	140	190	197	202	207	184	188	190	195	250
73	144	195	202	207	212	189	193	196	201	257
74	148	201	208	213	218	194	199	201	206	264
75	152	206	214	219	224	200	204	206	212	271
76	156	212	219	225	231	205	209	212	217	278
77	160	218	225	231	237	210	213	215	219	286
78	164	223	231	237	243	216	218	221	225	293
79	168	229	237	243	249	221	224	227	230	301
80	173	234	242	249	255	227	230	233	236	309

## **B–2. Determining body composition 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. The brigade surgeon will ensure the battalion master fitness trainers are properly trained in procedures necessary for unit compliance with the DFBCP. Master fitness trainers will provide training and assist with battalion and lower echelon unit fitness NCOs. Unit commanders will require that designated personnel have been certified by the brigade surgeon or master fitness trainers regarding technique and location before official body composition determinations are made. Part of the certification process must include adequate practice to obtain skill proficiency in body circumference methodology. Unit commanders will ensure that two male and two female unit fitness NCOs are present at each DFBCP weigh-in and measurement, males will measure males; females will measure females. The senior unit fitness NCO is responsible for ensuring that two trained individuals of the each gender is available to conduct the measurements at each weigh-in. The two members taking measurements will work as follows; one will place the tape measure and determine measurements and the other will assure proper placement and tension of the tape, as well as record the measurement electronically in the MIDF Form 5500 and MIDF Form 5501. The unit member recording the measurements is responsible for signing the MIDF Form 5500 and MIDF Form 5501 in the “prepared by” block. Service members shall be measured by two trained individuals of the same gender. The two will work with the service member between them so the tape is clearly visible from all sides. Take all circumference measurements sequentially three times (measure 1, measure 2, etc. then repeat measure 1, and so on) 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. Service members will be measured for body composition in stocking feet and standard defense force physical fitness uniform trunks and T- shirt as indicated in paragraph B–1b. Undergarments that may serve to bind the abdomen, hip, or thigh areas are not authorized for wear when a service member is being measured for body 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 using Federal stock number 5210–01–238–8103 or national stock number 8315–01–238–8103. Any other fiberglass tape (not to exceed one-half inch) may be used if retractable tapes cannot be purchased by unit budget funds available, or if cost is less, and if approved by installation commanders.

e. If using the circumference methodology outlined in this policy and it is determined that the service member’s body circumference does not meet the DFBCP standards, a confirmation measurement 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**

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Age group: 17–20

Male (% body fat): 20%

Female (% body fat): 30%

Age group: 21–27

Male (% body fat): 23%

Female (% body fat): 33%

Age group: 28–39

Male (% body fat): 25%

Female (% body fat): 35%

Age group: 40 and older

Male (% body fat): 28%

Female (% body fat): 38%

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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	69.5
13.5	9	9																		
14.0	11	11	10	10	10	10	9	9												
14.5	12	12	12	11	11	11	11	10	10	10	10	9	9							
15.0	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	10
16.0	16	16	15	15	15	15	14	14	14	14	13	13	13	13	12	12	12	12	12	11
16.5	17	17	16	16	16	16	15	15	15	15	14	14	14	14	14	13	13	13	13	12
17.0	18	18	18	17	17	17	17	16	16	16	16	15	15	15	15	14	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	15
18.0	20	20	20	19	19	19	19	18	18	18	18	18	17	17	17	17	16	16	16	16
18.5	21	21	21	20	20	20	20	19	19	19	19	19	18	18	18	18	17	17	17	17
19.0	22	22	22	21	21	21	21	20	20	20	20	20	19	19	19	19	18	18	18	18
19.5	23	23	23	22	22	22	22	21	21	21	21	21	20	20	20	20	19	19	19	19
20.0	24	24	24	23	23	23	23	22	22	22	22	21	21	21	21	21	20	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
21.0	26	26	26	25	25	25	25	24	24	24	24	23	23	23	23	22	22	22	22	21
21.5	27	27	27	26	26	26	26	25	25	25	24	24	24	24	23	23	23	23	23	22
22.0	28	27	27	27	27	26	26	26	26	25	25	25	25	25	24	24	24	24	23	23
22.5	29	28	28	28	28	27	27	27	27	26	26	26	26	25	25	25	25	24	24	24
23.0	29	29	29	29	28	28	28	28	27	27	27	27	26	26	26	26	26	25	25	25
23.5	30	30	30	29	29	29	29	28	28	28	28	27	27	27	27	27	26	26	26	26
24.0	31	31	30	30	30	30	29	29	29	29	28	28	28	28	28	27	27	27	27	26
24.5	32	31	31	31	30	30	30	30	30	29	29	29	29	29	28	28	28	28	27	27
25.0	32	32	32	32	31	31	31	31	30	30	30	30	30	29	29	29	29	28	28	28
25.5	33	33	33	32	32	32	32	31	31	31	31	31	30	30	30	30	29	29	29	29
26.0	34	34	33	33	33	33	32	32	32	32	31	31	31	31	31	30	30	30	30	29
26.5	35	34	34	34	34	33	33	33	33	32	32	32	32	32	31	31	31	31	30	30
27.0	35	35	35	35	34	34	34	34	33	33	33	33	32	32	32	32	32	31	31	31
27.5	36	36	36	35	35	35	35	34	34	34	34	33	33	33	33	32	32	32	32	32
28.0	37	36	36	36	36	35	35	35	35	34	34	34	34	34	33	33	33	33	32	32
28.5			37	37	36	36	36	36	35	35	35	35	34	34	34	34	34	33	33	33
29.0					37	37	37	36	36	36	36	36	36	36	35	35	35	35	34	34
29.5								37	37	36	36	36	36	36	35	35	35	35	34	34
30.0											37	37	36	36	36	36	35	35	35	35
30.5													37	37	37	36	36	36	36	35
31.0																37	37	36	36	36
31.5																			37	37
32.0																				
32.5																				
33.0																				
33.5																				
34.0																				
34.5																				
35.0																				

Figure B-1. Percent fat estimates for males

Circumference Value	Height (inches)																			
	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																				
14.0																				
14.5																				
15.0																				
15.5	10	10	9	9	9															
16.0	11	11	11	10	10	10	10	10	9	9										
16.5	12	12	12	12	11	11	11	11	11	10	10	10	10	10	9	9				
17.0	13	13	13	13	13	12	12	12	12	11	11	11	11	11	10	10	10	10	10	9
17.5	14	14	14	14	14	13	13	13	13	13	12	12	12	12	12	11	11	11	11	11
18.0	15	15	15	15	15	14	14	14	14	14	13	13	13	13	13	12	12	12	12	12
18.5	17	16	16	16	16	15	15	15	15	15	14	14	14	14	14	13	13	13	13	13
19.0	18	17	17	17	17	16	16	16	16	16	15	15	15	15	15	14	14	14	14	14
19.5	18	18	18	18	18	17	17	17	17	17	16	16	16	16	16	15	15	15	15	15
20.0	19	19	19	19	19	18	18	18	18	18	17	17	17	17	17	16	16	16	16	16
20.5	20	20	20	20	19	19	19	19	19	18	18	18	18	18	17	17	17	17	17	16
21.0	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	21	21	21	21	21	20	20	20	20	20	19	19	19	19	19	18	18
22.0	23	23	23	22	22	22	22	22	21	21	21	21	20	20	20	20	20	20	19	19
22.5	24	24	23	23	23	23	23	22	22	22	21	21	20	20	20	20	20	20	19	19
23.0	25	24	24	24	24	24	23	23	23	23	23	22	22	22	22	22	21	21	21	21
23.5	25	25	25	25	25	24	24	24	24	24	23	23	23	23	23	22	22	22	22	22
24.0	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	26	26	26	26	26	25	25	25	25	25	24	24	24	24	24	23	23
25.0	28	28	27	27	27	27	26	26	26	26	26	25	25	25	25	25	24	24	24	24
25.5	29	28	28	28	28	27	27	27	27	27	26	26	26	26	26	25	25	25	25	25
26.0	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	29	29	29	29	28	28	28	28	28	27	27	27	27	27	26	26	26
27.0	31	30	30	30	30	30	29	29	29	29	29	28	28	28	28	28	27	27	27	27
27.5	31	31	31	31	30	30	30	30	30	29	29	29	29	29	28	28	28	28	28	27
28.0	32	32	32	31	31	31	31	31	30	30	30	30	29	29	29	29	29	29	28	28
28.5	33	32	32	32	32	32	31	31	31	31	31	30	30	30	30	30	29	29	29	29
29.0	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	33	33	33	33	32	32	32	32	32	31	31	31	31	31	30	30	30
30.0	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	34	34	34	34	34	33	33	33	33	32	32	32	32	32	32	31
31.0	36	36	35	35	35	35	35	34	34	34	34	33	33	33	33	33	33	32	32	32
31.5	36	36	36	36	36	35	35	35	35	35	34	34	34	34	33	33	33	33	33	33
32.0	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
33.0							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
34.0												37	37	37	36	36	36	36	36	35
34.5															37	37	37	36	36	36
35.0																		37	37	36

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

Circumference Value	Height (inches)														
	58	58.5	59	59.5	60.0	60.5	61.0	61.5	62.0	62.5	63.0	63.5	64.0	64.5	65.0
45.0	19														
45.5	20	20	19												
46.0	21	20	20	20	19										
46.5	21	21	21	20	20	20	19	19							
47.0	22	22	22	21	21	20	20	20	19	19					
47.5	23	23	22	22	22	21	21	21	20	20	19	19			
48.0	24	23	23	23	22	22	22	21	21	21	20	20	20	19	
48.5	24	24	24	23	23	23	22	22	21	21	21	21	20	20	20
49.0	25	25	24	24	24	23	23	23	22	22	22	21	21	21	20
49.5	26	26	25	25	24	24	24	23	23	23	22	22	22	21	21
50.0	27	26	26	26	25	25	24	24	24	23	23	23	22	22	22
50.5	27	27	27	26	26	26	25	25	25	24	24	23	23	23	23
51.0	28	28	27	27	27	26	26	26	25	25	25	24	24	24	23
51.5	29	28	28	28	27	27	27	26	26	26	25	25	25	24	24
52.0	29	29	29	28	28	28	27	27	27	26	26	26	25	25	25
52.5	30	30	29	29	29	28	28	28	27	27	27	26	26	26	25
53.0	31	30	30	30	29	29	29	28	28	28	27	27	27	26	26
53.5	31	31	31	30	30	30	29	29	29	28	28	28	27	27	27
54.0	32	32	31	31	31	30	30	30	29	29	29	28	28	28	27
54.5	33	32	32	32	31	31	31	30	30	30	29	29	29	28	28
55.0	33	33	33	32	32	32	31	31	31	30	30	30	29	29	29
55.5	34	34	33	33	33	32	32	32	31	31	31	30	30	30	29
56.0	35	34	34	34	33	33	33	32	32	31	31	31	30	30	30
56.5	35	35	35	34	34	34	33	33	32	32	32	31	31	31	30
57.0	36	36	35	35	34	34	34	33	33	33	32	32	32	31	31
57.5	37	36	36	35	35	35	34	34	34	33	33	33	32	32	32
58.0	37	37	36	36	36	35	35	35	34	34	34	33	33	33	32
58.5	38	37	37	37	36	36	36	35	35	35	34	34	34	33	33
59.0	38	38	38	37	37	37	36	36	36	35	35	35	34	34	34
59.5	39	39	38	38	38	37	37	36	36	36	35	35	35	34	34
60.0	40	39	39	38	38	38	37	37	37	36	36	36	35	35	35
60.5	40	40	39	39	39	38	38	38	37	37	37	36	36	36	35
61.0	41	40	40	40	39	39	39	38	38	38	37	37	37	36	36
61.5	41	41	41	40	40	40	39	39	38	38	38	37	37	37	36
62.0	42	42	41	41	40	40	40	39	39	39	38	38	38	37	37
62.5	42	42	42	41	41	41	40	40	40	39	39	39	38	38	38
63.0	43	43	42	42	42	41	41	41	40	40	40	39	39	39	38
63.5	44	43	43	42	42	42	41	41	41	40	40	40	39	39	39
64.0	44	44	43	43	43	42	42	42	41	41	41	40	40	40	39
64.5	45	44	44	44	43	43	43	42	42	42	41	41	41	40	40
65.0	45	45	45	44	44	43	43	43	42	42	42	41	41	41	40
65.5	46	45	45	45	44	44	44	43	43	43	42	42	42	41	41
66.0	46	46	46	45	45	45	44	44	43	43	43	42	42	42	41
66.5	47	46	46	46	45	45	45	44	44	44	43	43	43	42	42
67.0			47	46	46	46	45	45	45	44	44	44	43	43	43
67.5				47	46	46	46	45	45	45	44	44	44	43	43
68.0					47	47	46	46	46	45	45	45	44	44	44
68.5							47	46	46	46	45	45	45	44	44
69.0								47	47	46	46	46	45	45	45
69.5										47	46	46	46	45	45
70.0											47	47	46	46	46
70.5													47	46	46
71.0														47	47
71.5															
72.0															
72.5															
73.0															
73.5															
74.0															
74.5															
75.0															
75.5															
76.0															

Figure B-2. Percent fat estimates for females

Circumference Value	Height (inches)														
	65.5	66	66.5	67	67.5	68.0	68.5	69.0	69.5	70.0	70.5	71.0	71.5	72.0	72.5
45.0															
45.5															
46.0															
46.5															
47.0															
47.5															
48.0															
48.5	19														
49.0	20	20	19	19											
49.5	21	20	20	20	19	19									
50.0	22	21	21	21	20	20	20	19							
50.5	22	22	22	21	21	21	20	20	20	19	19				
51.0	23	23	22	22	22	22	22	21	21	21	20	20	20	20	19
51.5	24	23	23	23	22	22	22	21	21	21	20	20	20	20	19
52.0	24	24	24	23	23	23	22	22	22	21	21	21	21	20	20
52.5	25	25	24	24	24	23	23	23	22	22	22	22	21	21	21
53.0	26	25	25	25	24	24	24	23	23	23	22	22	22	22	21
53.5	26	26	26	25	25	25	24	24	24	23	23	23	23	22	22
54.0	27	27	26	26	26	25	25	25	24	24	24	24	23	23	23
54.5	28	27	27	27	26	26	26	25	25	25	24	24	24	24	23
55.0	28	28	28	27	27	27	26	26	26	25	25	25	25	24	24
55.5	29	29	28	28	28	27	27	27	26	26	26	25	25	25	25
56.0	30	29	29	29	28	28	28	27	27	27	26	26	26	25	25
56.5	30	30	29	29	29	29	28	28	28	27	27	27	26	26	26
57.0	31	30	30	30	29	29	29	29	28	28	28	27	27	27	26
57.5	31	31	31	30	30	30	29	29	29	29	28	28	28	27	27
58.0	32	32	31	31	31	30	30	30	29	29	29	29	28	28	28
58.5	33	32	32	32	31	31	31	30	30	30	29	29	29	29	28
59.0	33	33	33	32	32	32	31	31	31	30	30	30	29	29	29
59.5	34	33	33	33	33	32	32	32	31	31	31	30	30	30	29
60.0	34	34	34	33	33	33	32	32	32	32	31	31	31	30	30
60.5	35	35	34	34	34	33	33	33	32	32	32	32	31	31	31
61.0	36	35	35	35	34	34	34	33	33	33	32	32	32	32	31
61.5	36	36	36	35	35	35	34	34	34	33	33	33	32	32	32
62.0	37	36	36	36	35	35	35	35	34	34	34	33	33	33	32
62.5	37	37	37	36	36	36	35	35	35	34	34	34	34	33	33
63.0	38	38	37	37	37	36	36	36	35	35	35	34	34	34	34
63.5	38	38	38	37	37	37	37	36	36	36	35	35	35	34	34
64.0	39	39	38	38	38	37	37	37	36	36	36	36	35	35	35
64.5	40	39	39	39	38	38	38	37	37	37	36	36	36	36	35
65.0	40	40	39	39	39	38	38	38	38	37	37	37	36	36	36
65.5	41	40	40	40	39	39	39	38	38	38	37	37	37	37	36
66.0	41	41	41	40	40	40	39	39	39	38	38	38	37	37	37
66.5	42	41	41	41	40	40	40	39	39	39	39	38	38	38	37
67.0	42	42	42	41	41	41	40	40	40	39	39	39	39	38	38
67.5	43	42	42	42	41	41	41	41	40	40	40	39	39	39	38
68.0	43	43	43	42	42	42	41	41	41	40	40	40	40	39	39
68.5	44	43	43	43	43	42	42	42	41	41	41	40	40	40	39
69.0	44	44	44	43	43	43	42	42	42	41	41	41	41	40	40
69.5	45	44	44	44	44	43	43	43	42	42	42	41	41	41	41
70.0	45	45	45	44	44	44	43	43	43	43	42	42	42	41	41
70.5	46	46	45	45	45	44	44	44	43	43	43	42	42	42	42
71.0	46	46	46	45	45	45	44	44	44	44	43	43	43	42	42
71.5	47	47	46	46	46	45	45	45	44	44	44	43	43	43	43
72.0		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
73.0						47	46	46	46	45	45	45	45	44	44
73.5							47	47	46	46	46	45	45	45	44
74.0									47	46	46	46	46	46	45
74.5										47	47	46	46	46	45
75.0											47	46	46	46	46
75.5												47	47	46	46
76.0															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 one 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 composition, when no electronic forms are available, 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. Instructions for entering measurements using the Spreadsheet version of the MIDF Form 5500 (male) or MIDF Form 5501 (female) are listed in paragraph B–6. Instructions for manual entry on paper forms 5500 / 5501 are in paragraph B–7.



**Table B-3 Instructions for completing MIDF 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 WEIG 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. Ensure tape is level and parallel floor. Soldier's arms must be at the sides. Take measurements at the end of soldier's normal relaxed exhalation. 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 MIDF Form 5501 (female)**

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	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.

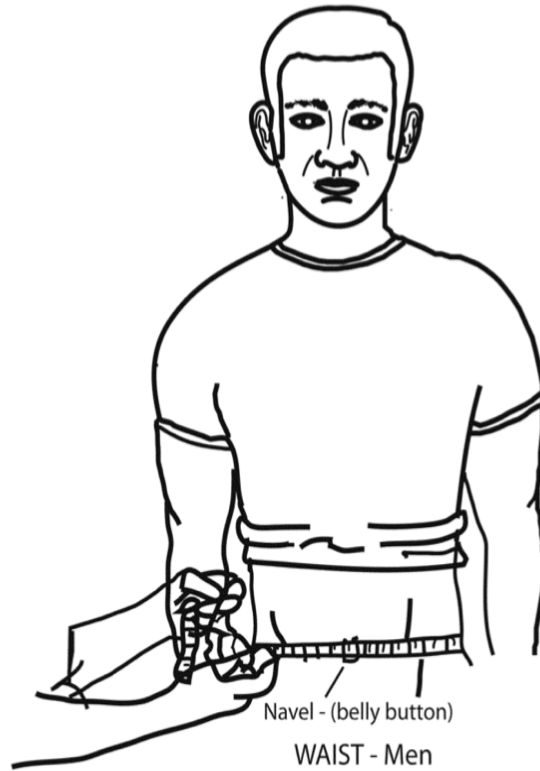
*Note: Go to figure B-2 to locate the circumference value in the left-hand column.*



NECK - Men



NECK - Men



Navel - (belly button)

WAIST - Men

Figure B-3. Male tape measurement illustration



NECK - Women

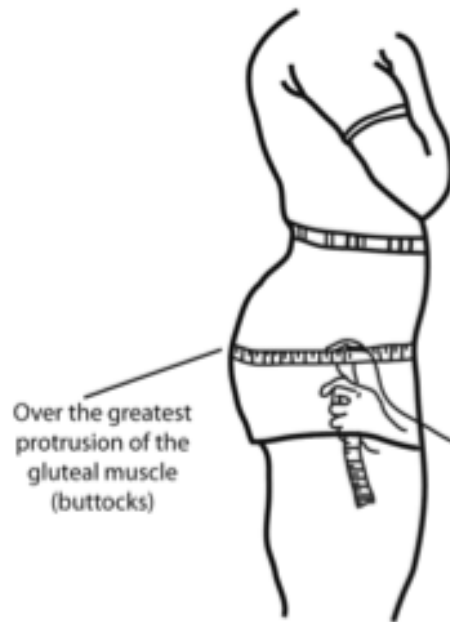


Point of minimal abdominal circumference

WAIST - Women



HIP - Women side measurement



Over the greatest protrusion of the gluteal muscle (buttocks)

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. The service member 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 “16-1/4 inches” to “16-1/2 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 service member’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 service member’s arms must be at the sides. Take measurements at the end of service member’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 service member 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 service member 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 the MIDF Form 5500 (Male) and MIDF Form 5501 (Female) Automated Spreadsheet**

This is the preferred way to complete data entry. Figure B–5 (male) and figure B–6 (female) show the layout of the Automated Spreadsheet. In the examples, only the cells highlighted in green are editable.

- a. On a laptop, open the MIDF Form 5500 - MIDF Form 5501 Microsoft Excel file,
- b. For males, select the “DA Form 5500” tab. For Females, select the “DA Form 5501” tab.
- c. Enter the service member’s name, ID number, and rank on row 5.
- d. Enter the service member’s height, weight, and age on row 7.
- e. For males, enter the sequential measurements in rows 9 and 10 under the “First” “Second” and “Third” columns.
- f. For females, enter the sequential measurements in rows 9 through 11 under the “First” “Second” and “Third” columns.
- g. The spreadsheet will automatically calculate the entries for the rest of the form. Observe the results in row 17 (Remarks) and inform the service member of the results.

h. Print the form. The person filling in the numbers on the MIDF Form 5500 or 5501 is to sign the printout. The supervisor of the service member being measured will print their name and sign the printout.

### **B-7. Manual Preparation of MIDF Form 5500 (Male) and MIDF Form 5501 (Female)**

It is extremely important that the following instructions are read before attempting to complete paper copies of the MIDF Form 5500 and/or MIDF 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 MIDF Form 5500 and MIDF 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 MIDF Form 5500 (male) or MIDF Form 5501 (female) must be completed for service members who exceed the weight for height table (table B-1). The purpose of this form is to help determine the service member's percent body fat using the circumference technique described in this publication.
- 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 paragraph 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 and smartphones, 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 automatic calculators is not authorized.

- e. The MIDF Form 5500 or MIDF 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 MIDF Form 5500 and MIDF Form 5501. The second signature, "approved by supervisor," should be signed by the commander/supervisor of the service member being measured.

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

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**Table B-5 Sample Body Composition Calculations**

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**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 %)
- 

**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 %)
-

**BODY FAT CONTENT WORKSHEET - (Male)**

For use of this form, see MIDF SOP 600-9; the proponent agency is HQDF, S-1

<b>NAME</b> (Last, First, Middle Initial)		<b>EMP#</b>	<b>RANK</b>			Note: 1/4" = .25 1/2" = .50 3/4" = .75
P						
<b>HEIGHT</b> (to nearest 0.50 inch)		<b>WEIGHT</b> (to nearest pound)		<b>AGE</b>		
<b>STEP</b>		<b>FIRST</b>	<b>SECOND</b>	<b>THIRD</b>	<b>AVERAGE</b> (to nearest .01)	
1. Measure abdomen at the level of the navel (belly button) Round down to the nearest 0.50 inch. (Repeat 3 times.)					0.00	
2. Measure neck just below the level of larynx (Adam's apple) Round up to the nearest 0.50 inch. (Repeat 3 times.)					0.00	
3. Enter the average abdominal circumference.					0.00	
4. Enter the average neck circumference.					0.00	
5. Enter circumference value (step 3 - step 4).					0.00	
6. Find the height in Table 3-1 (Height Factor). Enter height in inches.					0.00	
7. Find the Service Member's circumference value (step 5) and height (step 6) in figure B-5 (Percent Fat Estimation for Men). Enter the percent body fat value that intercepts with the circumference value and height. This is the Service Member's Percent Body Fat.					#N/A	
<b>REMARKS</b>						
Service Member's Actual Weight <u>          0          </u> Screening Table Weight <u>          #N/A          </u> Over/Under <u>          #N/A          </u>  Service Member's Actual Body Fat % <u>          #N/A          </u> Service Member's BMI <u>          #DIV/0!          </u> Authorized Body Fat % <u>          #N/A          </u> Over/Under <u>          #N/A          </u>						
#DIV/0!						
<b>CHECK ONE</b>						
#N/A Individual is in compliance with MIDF Standards;			#N/A Individual is not in compliance with the standards			
#N/A Recommended monthly weight loss is 3-8 lbs.						
<b>PREPARED BY</b> (Signature)	<b>RANK</b>	<b>DATE</b> (YYYYMMDD)	<b>APPROVED BY SUPERVISOR</b> (Signature)	<b>RANK</b>	<b>DATE</b> (YYYYMMDD)	

MIDF FORM 5500, FEB 2021

Previous Editions are Obsolete.

**Figure B–A. MIDF Form 5500 (Male) Automated Spreadsheet**



**BODY FAT CONTENT WORKSHEET - (Female)**

For use of this form, see MIDF SOP 600-9; the proponent agency is HQDF, S-1

<b>NAME</b> (Last, First, Middle Initial)		<b>EMP#</b>	<b>RANK</b>		Note: 1/4" = .25 1/2" = .50 3/4" = .75
DOE, JANE		0432000000	SGT		
<b>HEIGHT</b> (to nearest 0.50 inch)		<b>WEIGHT</b> (to nearest pound)		<b>AGE</b>	
63.00		145		21	
<b>STEP</b>		<b>FIRST</b>	<b>SECOND</b>	<b>THIRD</b>	<b>AVERAGE</b> (to nearest 0.50 in.)
1. Measure neck just below level of larynx (Adam's apple) to nearest 0.50 inch. Repeat three times, then average.		13.00	13.00	13.50	13.00
2. Measure waist (abdomen) at the point of minimal abdominal circumference. Round down to the nearest 0.50 inch. Repeat three times, then average.		26.00	26.50	26.50	26.50
3. Measure hips at point where the gluteus muscles (buttocks) protrude backward the most. Round down to nearest 0.50 inch. Repeat three times, then average.		38.00	38.00	38.00	38.00
4. CALCULATIONS				<b>REMARKS</b>	
A. Enter average waist circumference	26.50			Service Member's Actual Weight	145
B. Enter average hip circumference	38.00			Screening Table Weight	#N/A
C. TOTAL (4A + 4B)		64.50		Over/Under	#N/A
D. Enter average neck circumference	13.00			Service Member's Body Fat %	25.00%
E. Enter circumference value (4C - 4D)		51.50		Authorized Body Fat %	33.00%
F. Find the height in Table 3-1 (Height Factor). Enter height in inches.	63.00			Over/Under	-8.00%
G. Find the Service Member's circumference value (line 4E) and height (line 4F) in Figure B-6 (Percentage Fat Estimation for Women). Enter the body fat value that intercepts with the circumference value and height. This is the Service Member's Percent Body Fat.		25.00		Service Member's BMI	25.68
<b>CHECK ONE</b>					
<input checked="" type="checkbox"/> Individual is in compliance with MIDF Standards; _____ Individual is not in compliance with the standards					
_____ Recommended monthly weight loss is 3-8 lbs.					
<b>PREPARED BY</b> (Signature)	<b>RANK</b>	<b>DATE</b> (YYYYMMDD)	<b>APPROVED BY SUPERVISOR</b>	<b>RANK</b>	<b>DATE</b> (YYYYMMDD)
			(Printed Name and Signature)		

MIDF FORM 5501, FEB 2021

Previous Editions are Obsolete

**Figure B–B. MIDF Form 5501 (Female) Automated Spreadsheet**

## **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 defense force body composition standards and avoid losing their careers, service members 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 service member. 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 service member might be engaged in unhealthy weight loss practices. Service members 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 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.

. 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 service member 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 on the defense force Brigade Portal provides a list of current nutrition and weight management resources. (Note: Active Army programs are not available to the defense force. Some of the references in TG 358 link to sites that require a CAC card.)

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 Initial Entry Weight and BMI Requirements**

### **D-1. Initial Entry Weight and BMI Requirements**

The information on the following pages is included only for reference. Applicants to the defense force must be within the parameters of weight for height as listed in figures D-1 and D-2 on the following pages. This information is taken from MIDF SOP 40-501.

**Table D-1**

**Military acceptable weight (in pounds) as related to age and height for males (Initial MIDF procurement)**

Height (inches)	Minimum weight any age yielding a body mass index (BMI) of 19	Maximum weight by years of Age <sup>1</sup>			
		17 - 20	21 - 27	28 - 39	40+
58	91	129	128	135	138
59	94	134	132	139	142
60	97	139	141	143	148
61	100	144	146	148	151
62	104	148	150	153	156
63	107	153	155	158	161
64	110	158	160	163	166
65	114	163	165	168	171
66	117	168	170	173	177
67	121	174	176	179	182
68	125	179	181	184	187
69	128	184	186	189	193
70	132	189	192	195	199
71	136	194	197	201	204
72	140	200	203	206	210
73	144	205	208	212	216
74	148	211	214	218	222
75	152	217	220	224	228
76	156	223	226	230	234
77	160	229	232	236	240
78	164	235	238	242	247
79	168	241	244	248	253
80	173	247	250	255	259
		Maximum body fat by years of Age <sup>2</sup>			
		17 - 20	21 - 27	28 - 39	40+
		24 percent	26 percent	28 percent	30 percent

Note:

1. If a male exceeds these weights, percent body fat will be measured by the method described in MIDF SOP 600-9
2. If a male also exceeds this body fat, he will be rejected for service.

**Table D-2**

**Military acceptable weight (in pounds) as related to age and height for females (Initial MIDF procurement)**

Height (inches)	Minimum weight any age yielding a body mass index (BMI) of 19	Maximum weight by years of Age <sup>1</sup>			
		17 - 20	21 - 27	28 - 39	40+
58	91	122	124	126	127
59	94	127	128	130	131
60	97	132	134	135	136
61	100	136	137	139	141
62	104	140	141	144	145
63	107	145	147	148	149
64	110	149	151	153	154
65	114	154	156	158	160
66	117	160	160	162	165
67	121	163	166	168	169
68	125	168	171	173	174
69	128	173	176	178	180
70	132	178	181	183	185
71	136	183	186	188	191
72	140	189	191	194	196
73	144	194	196	200	202
74	148	199	203	204	206
75	152	205	208	210	212
76	156	210	213	215	216
77	160	216	219	221	223
78	164	222	224	227	229
79	168	227	230	234	236
80	173	233	236	240	241
		Maximum body fat by years of Age <sup>2</sup>			
		17 - 20	21 - 27	28 - 39	40+
		30 percent	32 percent	34 percent	36 percent

Note:

1. If a female exceeds these weights, percent body fat will be measured by the method described in MIDF SOP 600-9
2. If a female also exceeds this body fat, he will be rejected for service.

## **Appendix E Internal Control Evaluation**

### **E-1. Function**

The function covered by this evaluation is the DFBCP.

### **E-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.

### **E-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 MIDF Form 11-2 (Internal Control Evaluation Certification).

### **E-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 composition assessment been performed and documented within the last 6 months for each service member in the unit not enrolled in the DFBCP?
- c. Did the commander enroll all eligible service members exceeding body composition standards into the DFBCP through proper notification and counseling prior to the end of the MUTA where the service member was found noncompliant with body composition standards, and the initiation of the MIDF Form 268?
- d. Is there a completed unit DFBCP file for service members enrolled in the DFBCP program?
- e. Is there a MIDF Form 268 completed on service members prior to the end of the MUTA where the service member was found noncompliant with body composition standards?
- f. Is there a completed service member Action Plan on file no later than the next unit MUTA following the notification counseling?
- g. Is nutrition counseling completed within 90 days after enrollment in the DFBCP by the service member's personal primary healthcare provider or referred nutritionist?
- h. Does monthly body assessment documentation exist for all service members enrolled in the DFBCP?
- i. Are the service members who perform the circumference-based tape method to determine service member body composition 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?



## **Glossary**

### **Section I Abbreviations**

DA	Department of the Army
DCS	Deputy Chief of Staff
DF Form	Defense Force Form
DFBCP	[Michigan] Defense Force Body Composition Program
DLQT	Duty Level Qualification Test
FDA	Food and Drug Administration
MIANG	Michigan Air National Guard
MIARNG	Michigan Army National Guard
MING	Michigan National Guard
MISDF	Michigan State Defense Force
NCO	Non-commissioned Officer
SOP	Standard Operating Pprocedure
TG	Technical guide
TM	Training Manual
UTA	Unit Training Assembly

### **Section II Special Abbreviations and Terms**

Flag	suspension of favorable personnel action
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