



## DoD INSTRUCTION 1308.03

### DoD PHYSICAL FITNESS/BODY COMPOSITION PROGRAM

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<b>Originating Component:</b>	Office of the Under Secretary of Defense for Personnel and Readiness
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<b>Reissues and Cancels:</b>	DoD Instruction 1308.3, "DoD Physical Fitness and Body Fat Programs Procedures," November 5, 2002
<b>Incorporates and Cancels:</b>	DoD Directive 1308.1, "DoD Physical Fitness and Body Fat Program," June 30, 2004 DoD Directive 1308.2, "Joint DoD Committee on Fitness," February 4, 2005
<b>Approved by:</b>	Gilbert R. Cisneros, Jr., Under Secretary of Defense for Personnel and Readiness
<b>Change 1 Approved by:</b>	Jules W. Hurst III, Performing the Duties of the Under Secretary of Defense for Personnel and Readiness

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**Purpose:** In accordance with the authority in DoD Directive 5124.02, this issuance:

- Establishes policy, assigns responsibilities, and prescribes procedures governing Service physical fitness/body composition (PF/BC) standards for the Military Services.
- Includes the submission of an Annual Military Service PF/BC Program report to the Assistant Secretary of Defense for Health Affairs (ASD(HA)), Assistant Secretary of Defense for Manpower and Reserve Affairs (ASD(M&RA)), and the Medical and Personnel Executive Steering Committee (MEDPERS).

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## **SECTION 1: GENERAL ISSUANCE INFORMATION**

### **1.1. APPLICABILITY.**

This issuance applies to OSD, the Military Departments, the Office of the Chairman of the Joint Chiefs of Staff and the Joint Staff, the Combatant Commands, the Office of Inspector General of the Department of Defense, the Defense Agencies, the DoD Field Activities, and all other organizational entities within the DoD.

### **1.2. POLICY.**

a. Physical fitness as a domain of Total Force Fitness is a vital component of the general health, well-being, and physical performance of Service members and is essential for operational readiness. All Service members will maintain physical readiness by possessing the necessary body composition and aerobic and anaerobic fitness (which includes, at a minimum, components of cardiorespiratory endurance, muscular strength, and muscular endurance) to successfully perform in accordance with their Service-specific requirements, missions, and military specialties.

b. The Military Services will implement and monitor physical fitness programs to ensure all Service members maintain a level of physical readiness necessary to successfully perform their duties in a manner that reduces the risk of fitness-related musculoskeletal (MSK) injuries.

### **1.3. INFORMATION COLLECTIONS.**

a. The Annual Military Service PF/BC Program reports, outlined in Paragraph 3.4., are exempt from licensing in accordance with Volume 1 of DoD Manual 8910.01.

b. The reported data on physical fitness testing and body composition standards by sex, age, rank/grade, and Military Service are exempt from licensing in accordance with Volume 1 of DoD Manual 8910.01.

### **1.4. SUMMARY OF CHANGE 1.**

The changes to this issuance are administrative and updates language to comply with Executive Order 14183.

## **SECTION 2: RESPONSIBILITIES**

### **2.1. UNDER SECRETARY OF DEFENSE FOR PERSONNEL AND READINESS (USD(P&R)).**

The USD(P&R) oversees the DoD PF/BC Program.

### **2.2. ASD(M&RA).**

Under the authority, direction, and control of the USD(P&R), the ASD(M&RA) monitors and oversees the personnel aspects of the DoD PF/BC Program to help meet military readiness requirements.

### **2.3. ASD(HA).**

Under the authority, direction, and control of the USD(P&R), and in accordance with the authority in DoD Directive 5136.01, the ASD(HA):

- a. Provides appropriate medical information and advice related to the DoD PF/BC Program.
- b. Directs the Defense Health Agency, Armed Forces Health Surveillance Branch, to use primary diagnoses in active Service member medical records to prepare the annual DoD MSK injury report for all Service Components referenced in Paragraph 3.3.

### **2.4. ASD(M&RA) AND ASD(HA).**

Under the authority, direction, and control of the USD(P&R), and in addition to the responsibilities in Paragraphs 2.2. and 2.3., respectively, the ASD(M&RA) and ASD(HA):

- a. Monitor the DoD PF/BC Program and coordinates it with health promotion, nutritional fitness, and injury prevention programs.
- b. Incorporate relevant research findings into policy recommendations for the Service PF/BC programs.
- c. Convene an annual meeting of Service representatives to:
  - (1) Review the annual Service PF/BC Program reports described in Paragraph 3.4.
  - (2) Prepare for an annual Military Service PF/BC Program report for the MEDPERS, in accordance with Volume 1 of DoD Instruction 6130.03.

## **2.5. DEPUTY ASSISTANT SECRETARY OF DEFENSE FOR HEALTH SERVICES POLICY AND OVERSIGHT (DASD(HSP&O)).**

Under the authority, direction, and control of the ASD(HA), the DASD(HSP&O):

- a. Serves as the health and health services focal point for the DoD PF/BC Program.
- b. In collaboration with the Deputy Assistant Secretary of Defense for Military Personnel Policy, provides the annual Military Service PF/BC Program report to the MEDPERS.
- c. Advises the ASD(HA) on DoD PF/BC policy related to health and health services issues.

## **2.6. DEPUTY ASSISTANT SECRETARY OF DEFENSE FOR MILITARY PERSONNEL POLICY.**

Under the authority, direction, and control of the ASD(M&RA), the Deputy Assistant Secretary of Defense for Military Personnel Policy:

- a. Serves as the manpower, personnel, and readiness focal point for the DoD PF/BC Program.
- b. In collaboration with the DASD(HSP&O), provides the annual Military Service PF/BC Program report to the MEDPERS.
- c. Advises the ASD(M&RA) on DoD PF/BC policy related to personnel and readiness issues.

## **2.7. SECRETARIES OF THE MILITARY DEPARTMENTS.**

The Secretaries of the Military Departments:

- a. Establish scientifically-justified, mission-applicable PF/BC programs to meet readiness needs, acknowledging the intrinsic relationship between physical fitness, body composition, tobacco use, and MSK injury. This includes determination of specific tests and standards that meet the minimum DoD standards as described in this issuance.
- b. Establish a data repository that is compliant with DoD Instruction 5400.11 and DoD 5400.11-R for the PF/BC program of each Military Service.
- c. Test all Service members, regardless of age, rank, or sex, using science-based, Service-appropriate tests and standards.
- d. Conduct physical fitness training that:
  - (1) Suits the Military Services' needs and missions.
  - (2) Identifies and routinely monitors injury risk factors to prevent injuries.

(3) Applies evidence-based justification for physical training methodologies.

(4) Applies evidence-based justification to minimize risks and reduce injuries.

e. Ensure that all leaders and commissioned and noncommissioned officers support and enforce requirements of Service fitness programs and associated programs or procedures to develop, maintain, and improve physical capabilities while minimizing injuries.

f. Conduct evidence-based remedial training for those who fall below the prescribed standards of physical fitness including body composition.

g. Maintain a data repository for capturing Service members' official physical fitness and body composition test results throughout their career.

h. Designate a Service lead (civilian employee or military member) responsible for the development of the annual Service PF/BC report described in Paragraph 3.4. and identify supporting representatives (maximum of two per Military Service) to participate in the annual DoD PF/BC meeting convened by the ASD(HA) and the ASD(M&RA) in accordance with Paragraph 2.2.c. The Military Services will ensure appropriate input is obtained from Service medical, physical fitness, and body composition technical/research communities.

i. Encourage all DoD civilian employees to participate in physical fitness and health promotion programs. The same media channels used to inform and educate Service members may also be used for DoD civilian employees.

## **SECTION 3: PROCEDURES**

### **3.1. PHYSICAL FITNESS.**

#### **a. Objectives.**

The Military Services will design PF/BC testing and fitness programs that:

- (1) Promote combat readiness by ensuring necessary physical capabilities.
- (2) Minimize injuries.
- (3) Meet Service-specific operational mission requirements.

#### **b. Program Design.**

The Military Services will design, implement, supervise, and tailor PF/BC programs to suit the particular needs and mission of their respective Military Service, consistent with established scientific principles of physical training.

(1) The Military Services will provide science-based physical testing and training programs that enhance and maintain physical fitness required to:

(a) Maintain health and fitness for general duty, and to prevent negative consequences of suboptimal fitness (e.g., injuries).

(b) Meet occupationally-specific, operationally-relevant physical requirements for physically demanding career fields. This includes identifying specific physical capabilities required by the physically demanding occupational specialties (i.e., the occupation's mission critical operational physical tasks). Once the Military Services identify the occupation's critical physical tasks, they will indicate the specific physical fitness tests, standards, and results associated with each identified occupational physical task. Military Services will consider emerging training methodologies when designing the appropriate physical fitness training.

(2) The Military Services will employ procedures to address waivers for injury, pregnancy, and other temporary medical limitations. Service members on profile and or medical waivers will be placed on a medically approved exercise program only after consultation with medical authorities.

(3) Pregnant Service members will engage in physical activity to maintain healthy gestational weight gain that is determined by their respective pre-gravid body mass index (BMI) and aerobic and anaerobic fitness throughout the pregnancy and postpartum period, in accordance with medical guidance. Exercise regimens will consist of routines that include physical training and nutritional counseling.

(4) Commanders and supervisors of Service members may, given the demands of operational readiness, schedule or authorize Service member's time to participate in physical

fitness training during the duty day. This can be an activity posted on a unit training schedule or time allotted at the discretion of the commander or supervisor.

(5) Service policies and programs will assist in motivating Service members toward the achievement of high fitness standards. The Military Services are encouraged to adopt policies and procedures that:

(a) Prescribe PF/BC programs scientifically shown to enhance physical capabilities needed for job performance while minimizing risk of adverse health outcome.

(b) Prescribe aspects of the frequency, volume, and intensity of physical training and exercise activities that optimize performance in a context that minimizes MSK injuries, particularly those due to overuse.

(6) The Military Services may implement policies that exempt personnel from negative consequences of exceeding body fat (BF) standards if high scores on physical fitness tests are attained. In doing so, the Military Services should promote physical training and exercise in a manner that minimizes scientifically-recognized risks of injury or other adverse health outcomes such as poor nutrition fitness or fatigue.

(7) The Military Services will ensure physical fitness programs incorporate occupationally-specific physical fitness requirements for those career fields where it is deemed necessary to ensure adequate skill, performance, and safety. The development of additional physical fitness standards will include a risk assessment for prevention of injuries and reflect levels of physical abilities necessary to meet the duty demands of the occupation.

(8) The Military Services will ensure programs and procedures are in place to address requirements for waivers and the unique needs of at-risk personnel.

(9) Service members who fall below Service-required fitness standards will be placed in remedial programs that prescribe physical training/exercise activities, nutritional, and behavioral counseling in accordance with medical guidance.

### **3.2. EVALUATION.**

The Military Services will:

a. At a minimum, prescribe Service-wide standards to measure body composition, aerobic fitness, and anaerobic fitness. These are considered generalized baseline fitness levels and are not intended to represent occupationally specific fitness demands. The Military Services may establish scientifically supported occupational-specific standards.

b. Develop science-based, Service-specific tests that address the primary physical fitness components of cardiorespiratory endurance, body composition, muscular strength, and muscular endurance for all Service applications, separate from occupationally-specific tests and standards.



c. Develop science-based, occupationally-specific, operationally-relevant, sex-, age-, and rank-neutral tests and standards for high physically demanding career fields in accordance with U.S. public law requirements.

d. Prescribe scientifically-supported metrics and associated standards to measure fitness components relevant to their mission and formally document the scientific basis for their standards and procedures.

e. Formally test and record all Service members regardless of sex, age, or grade. Military Services will set physical fitness testing frequency that optimizes Service needs (e.g., considers test resources, member motivation), but no less frequently than once per calendar year, unless on a waiver.

f. Services will not exceed 18 month intervals when testing Service members. Members waived from testing for more than 18 months for the same condition/injury will be referred to the Disability Evaluation System.

(1) Standards may be adjusted for age and sex unless they are occupationally-specific.

(2) Body composition may be evaluated using either BF calculations, waist-to-height ratio, abdominal circumference, height-weight screening, or any combination thereof.

(a) When using BF calculations, standards will not be more stringent than 18 percent BF for men and 26 percent BF for women, and will not be more liberal than 26 percent BF for men and 36 percent BF for women.

(b) When using height-weight screening tables, the upper weight limits for allowable weight will not be more than 27.5 BMI and the lower limit will not be less than 25. The minimal allowable weight will not be lower than a corresponding BMI of 19.

(c) Service determination of body composition relying on abdominal or waist circumference will use evidence-based reference indexes corrected for height that are not biased against short or tall Service members. It is recommended that the use of abdominal circumference account for height; therefore, incorporating waist-to-height ratio. Such alternative abdominal (waist) circumference-height indices, if adopted, should not allow Service members to exceed the boundaries of the prescribed percentages of body fat.

(d) The Military Services will include descriptions of their body composition evaluation procedures in their annual reporting as described in Section 4.

(e) Scientific data may be used to further adjust BF standards within the DoD acceptable range, develop screening procedures, or to prescribe procedures compensating for high levels of fitness.

g. Place Service members failing to meet Service-specific fitness standards in a Service-directed remedial program.

(1) Failure to show progress in meeting Service-specific standards, when there are no medically limiting circumstances, may be cause for comment on efficiency or fitness reports in accordance with Service regulations.

(2) Continued failure will result in consideration for administrative separation under Service regulations.

(3) Service members will be referred to medical authorities for evaluation upon entry in remedial training. The medical evaluation will recommend Service member for continued physical training or specify medically limiting circumstances.

### **3.3. MSK INJURY REPORTING.**

The Defense Health Agency, Armed Forces Health Surveillance Branch will prepare an annual DoD MSK injury report for the Military Services using diagnoses in active Service member medical records.

a. The annual DoD MSK injury report will be for the prior calendar year (January 1 through December 31) and must be provided to the ASD(HA) by June 1 to ensure adequate time for inclusion with the annual Service fitness and body composition reporting requirement of this issuance.

b. MSK injuries will be identified using current International Classification of Diseases taxonomically-defined injury diagnoses categories that separate acute traumatic injuries and cumulative microtraumatic (overuse) injuries.

(1) Data will include basic demographics that are comparable across Military Services such as rank, sex, age and race/ethnicity categories.

(2) Data will reflect standardized body region/anatomical site and injury type categories.

(3) Additional data variables to be included will be approved by the ASD(HA) and requested of Defense Health Agency, Armed Forces Health Surveillance Branch, in a timeframe compatible with the annual reporting requirement of this issuance.

### **3.4. ANNUAL MILITARY SERVICE PF/BC REPORT.**

a. The Military Services will submit an annual Service PF/BC Program report (see Figure 1) to the ASD(HA) and the ASD(M&RA), no later than June 1 of each year. The reporting period will be January 1 through December 31. The first report is due June 1, 2022. The first reporting period will be January 1, 2021 through December 31, 2021. Data requirements for the annual report will include total number of Service members, total number of Service members that were administered one PF/BC, total number of Service members that were administered more than one PF/BC, number of Service members with a passing PF or BC, and include sex, age, race/ethnicity, and military rank categories.

b. In accordance with Paragraph 2.2.c, the Service PF/BC reports will be reviewed by the ASD(HA) and the ASD(M&RA) in preparation for developing an annual Military Service PF/BC report for the MEDPERS in accordance with Volume 1 of DoD Instruction 6130.03.

## Figure 1. Annual Service Physical Fitness/Body Composition Report Template

[Component letterhead]	[month, day, year]
MEMORANDUM FOR ASSISTANT SECRETARY OF DEFENSE FOR HEALTH AFFAIRS ASSISTANT SECRETARY OF DEFENSE FOR MANPOWER AND RESERVE AFFAIRS	
SUBJECT: Annual Service Physical Fitness/Body Composition Report	
1. <u>Service Component</u> . [ <i>Regular Army, Navy, Marine Corps, Air Force, Space Force, National Guard/Reserve Components</i> ].	
2. <u>Reporting Period</u> . Calendar year XXXX (January 1 through December 31).	
3. <u>Programs and Policies</u> . [Narrative summaries, additional attachments enclosed as needed]	
a. Physical fitness training:	
(1) Policy reference(s).	
(2) Description of tests, standards.	
(3) Brief summary of scientific justification with references.	
(4) Data reporting. (Reported data must include the total number, total number failed, sex, age, race/ethnicity, rank)	
(5) Waivers (status, successes, issues). (Reported data must include the total number, total number failed, sex, age, race/ethnicity, rank)	
(6) Remedial programs (status, successes, issues). (Reported data must include the total number, total number failed, sex, age, race/ethnicity, rank)	
b. Body composition:	
(1) Policy reference(s).	
(2) Description of tests, standards, relationship to fitness tests/standards.	
(3) Brief summary of scientific justification with references.	
(4) Data reporting (data quality). (Reported data must include the total number, total number failed, sex, age, race/ethnicity, rank)	

**Figure 1. Annual Service Physical Fitness/Body Composition Report Template, Continued**

(5) Waivers (status, successes, issues). (Reported data must include the total number, total number failed, sex, age, race/ethnicity, rank)

(6) Remedial programs (status, successes, issues). (Reported data must include the total number, total number failed, sex, age, race/ethnicity, rank)

c. Other relevant programs or initiatives shown to improve fitness or body composition.

4. Separations due to PF/BC. (Narrative summaries, additional attachments enclosed as needed)

a. Policy reference(s).

b. Description of criteria.

c. Quantified summary of separations data and comparisons to past. (Reported data must include the total number, total number failed, sex, age, race/ethnicity, rank)

5. Injuries. Quantified summary of fitness-related musculoskeletal injuries compared to past. (Reported data must include the total number, total number failed, sex, age, race/ethnicity, rank)

6. Lessons Learned, Emerging Data, and Policy Recommendations:

[Signature Block]

Attachment(s)

As stated

## GLOSSARY

### G.1. ACRONYMS.

ACRONYM	MEANING
ASD(HA)	Assistant Secretary of Defense for Health Affairs
ASD(M&RA)	Assistant Secretary of Defense for Manpower and Reserve Affairs
BF	body fat
BMI	body mass index
DASD(HSP&O)	Deputy Assistant Secretary of Defense for Health Services Policy and Oversight
MEDPERS	Medical and Personnel Executive Steering Committee
MSK	Musculoskeletal
PF/BC	physical fitness/body composition
USD(P&R)	Under Secretary of Defense for Personnel and Readiness

### G.2. DEFINITIONS.

These terms and their definitions are for the purpose of this issuance.

TERM	DEFINITION
<b>aerobic fitness or cardiorespiratory endurance</b>	The functional capacity of the heart, lungs, and blood vessels to deliver oxygen to the working muscles, and its use by the muscles to oxidize energy sources to generate energy over sustained periods of time. Essentially, it is the body's capability to take and use oxygen and food to produce energy.
<b>BC</b>	The distribution of body mass between three separate compartments: fat-free tissue or lean body mass, extracellular water, and adipose tissue.
<b>BF</b>	The body is composed of fat and fat-free mass (which includes body water, bone mineral, proteins, glycogen, and other minerals). "Body fat" is expressed as "a percentage of body fat to total body weight." Total body fat is composed largely of stored fat and a small amount of "essential" fat that makes up cell membranes, nerve sheaths, and structural fat padding vital structures.

<b>TERM</b>	<b>DEFINITION</b>
<b>evidence-based</b>	An approach to medicine that emphasizes the practice application of the findings of the best available current research.
<b>injury</b>	Damage caused by the transfer of an external mechanical, chemical, electrical, or radiological energy to the body. Most injuries are from mechanical energy transfer that results from either an abrupt high intensity force (acute traumatic injury) or a repetitive lower intensity force (cumulative microtraumatic injury, often referred to as an overuse injury). Most military injuries are to the MSK system and the majority of those are cumulative microtraumatic injuries attributed to physical training activities.
<b>Military Services</b>	The Army, Navy, Air Force, Marine Corps, Space Force, and the Reserve Components.
<b>muscular endurance</b>	The ability of a skeletal muscle to perform repeated contractions for an extended period of time. It is measured as the number of submaximal contractions performed or submaximal sustained contraction time. Common muscular tests (e.g., push-ups and sit-ups) are measures of muscular endurance.
<b>muscular strength</b>	The maximal force that can be exerted in a single voluntary contraction of a skeletal muscle. The simplest measure of strength involves various one-repetition maximum weight-lifting test (the heaviest weight that can be lifted only once).
<b>nutritional fitness</b>	Having the nutrients needed to facilitate not only good health and readiness but also resilience against the physical and mental stressors associated with military service. Nutritional fitness contributes to resilience by helping service members maintain a healthy weight, protecting them against diet-related diseases that affect physical and cognitive functions, and reducing their vulnerability to stress and depression.
<b>PF</b>	The capacity to perform physical activity, primarily characterized by the health-related components of cardiorespiratory endurance, muscular endurance, muscular strength, body composition, and flexibility.
<b>physical readiness</b>	The overall capacity to perform the physical duty of military service to include combat, consisting of the components of physical fitness.

<b>TERM</b>	<b>DEFINITION</b>
<b>Total Force Fitness</b>	This concept integrates health, resilience, and human performance across eight domains: physical fitness, environmental fitness, medical and dental fitness, nutritional fitness, spiritual fitness, psychological fitness, social fitness, and financial fitness.



## REFERENCES

- DoD 5400.11-R, “Department of Defense Privacy Program,” May 14, 2007
- DoD Directive 5124.02, “Under Secretary of Defense for Personnel and Readiness (USD(P&R)),” June 23, 2008
- DoD Directive 5136.01, “Assistant Secretary of Defense for Health Affairs (ASD(HA)),” September 30, 2013, as amended
- DoD Instruction 5400.11, “DoD Privacy and Civil Liberties Program,” January 29, 2019, as amended
- DoD Instruction 6130.03, Volume 1, “Medical Standards for Military Service: Appointment, Enlistment, or Induction,” May 6, 2018, as amended
- DoD Manual 8910.01, Volume 1, “DoD Information Collections Manual: Procedures for DoD Internal Information Collections,” June 30, 2014, as amended
- Executive Order 14183, “Prioritizing Military Excellence and Readiness,” January 27, 2025