**COMMAND WEIGHT REFERRAL**

**SECTION 1: UNIT**

<table>
<thead>
<tr>
<th>Neck (inches)</th>
<th>Height (inches)</th>
<th>Waist (inches)</th>
<th>Weight (pounds)</th>
<th>Buttock (Female Only) (inches)</th>
<th>Percent Body Fat %</th>
</tr>
</thead>
</table>

Name of Measuring Officer: ___________________________________________ Date: __________________

In accordance with Coast Guard Weight and Body Fat Standards Program Manual, M1020.8 (series), a determination is required whether it is safe for this member to lose the excess weight or body fat to comply with established standards and participate in physical activity. If under BMI minimum standard, member referred for medical assessment/monitoring (section 2 is not applicable).

Commanding Officer’s Signature: ___________________________ Date: ________________
# SECTION 2: MEDICAL PROVIDER

This Coast Guard member is being referred to you because s/he does not meet Coast Guard weight standards. Your responses on this form will assist the Coast Guard in developing a safe plan for the member to lose weight.

1. Is the member pregnant (for females only)? If yes, indicate approximate due date, and leave items 2-6 blank.
   - Yes _____  No _____

2. Are there any medical diagnoses or medications that could be contributing to the member’s excess weight?
   - Yes _____  No _____

3. Are there any medical or physical conditions that can limit participation in physical activity?
   - Yes _____  No _____

4. Please list the activities the member cannot safely participate in:

5. Has the member been directed to a Regional Health Promotion Manager for nutrition counseling? If no, enter remarks.
   - Yes _____  No _____

6. Please indicate which components of the fitness test it is safe for the member to participate in:
   - a) 1.5 mile run: Yes _____  No _____
   - b) Push-ups: Yes _____  No _____
   - c) Curl-ups: Yes _____  No _____
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Provider’s Signature: __________________________ Date: __________________________

Provider’s Name & Address: __________________________