

**DOD MEDICAL EXAMINATION REVIEW BOARD (DODMERB)  
BODY FAT DETERMINATION**

*Form Approved  
OMB No. 0704-0396  
Expires Aug 31, 2003*

The public reporting burden for this collection of information is estimated to average 13 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to Department of Defense, Washington Headquarters Services, Directorate for Information Operations and Reports (0704-0396), 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302. Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.

**PLEASE DO NOT RETURN YOUR FORM TO THE ABOVE ADDRESS. RETURN COMPLETED FORM TO DODMERB/DR, 8034 EDGERTON DRIVE, SUITE 132, USAF ACADEMY CO 80840-2200.**

**PRIVACY ACT STATEMENT**

**AUTHORITY:** Title 10, USC 133, 3012, 5031, 8013, and Executive Order 9397.

**PRINCIPAL PURPOSE:** To determine medical acceptability or update a medical file as part of the application process to a United States Service Academy, Reserve Officer Training Corps (ROTC) Scholarship Program, or the Uniformed Services University of the Health Sciences (USUHS).

**ROUTINE USES:** This information may be disclosed to the Coast Guard Academy and Merchant Marine Academy for applications to their Academies.

**DISCLOSURE:** Voluntary; however, failure to furnish the requested information will impede the selection process and hamper your candidacy. Use of the Social Security Number (SSN) is used for positive identification of records.

**INSTRUCTIONS**

Provide the following measurements for body fat determination. This may be accomplished by a school nurse, family physician, or qualified paramedical personnel. Ensure ALL directions are followed exactly as instructed.

- 4. **HEIGHT MEASUREMENT.** Measure height without shoes to the nearest 1/4 inch.
- 5. **WEIGHT MEASUREMENT.** Measure weight without shoes to the nearest 1/2 pound, dressed in underwear.

The following measurements must be taken and recorded THREE consecutive times; if there is greater than 1/4 inch difference between the three measurements, then continue measuring until you have three within 1/4 inch of each other.

- 6. **NECK MEASUREMENT.** Measure the neck circumference at a point just below the larynx (Adam's apple) and horizontally around the neck. Applicant should look straight ahead with shoulders down (not hunched) during measurement.
- 7. **WAIST MEASUREMENT.** Measure the waist at the navel, level to the floor. Arms are at the sides. Take the measurement at the end of the applicant's normal, relaxed exhalation.
- 8. **FEMALE ABDOMINAL MEASUREMENT.** Measure at the point of minimal abdominal circumference about halfway between navel and breastbone. When the site is not easily observed, take several measurements at the probable sites and use the smallest value. Ensure that the tape is level and the applicant's arms are loose at her sides. Record measurements at the end of the applicant's normal, relaxed exhalation. NOTE: This measurement is an additional requirement for female applicants. Female applicants must also have their waist measured as indicated in Item 7.
- 9. **FEMALE HIP MEASUREMENT.** Measure hip circumference while facing the applicant's right side. Place tape around hips so it passes over greatest protrusion of the buttocks, level to the floor. Allow sufficient tension to tape to minimize effect of clothing.
- 10. **FEMALE FOREARM MEASUREMENT.** Measure dominant forearm at largest point with arm held horizontally, palm up.
- 11. **FEMALE WRIST MEASUREMENT.** Measure dominant wrist between bones of hand and bottom of forearm.

1. <b>NAME OF APPLICANT</b> ( <i>Last, First, Middle Initial</i> )	2. <b>SSN</b>	3. <b>DATE OF EXAMINATION</b> ( <i>YYYYMMDD</i> )
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**SECTION I - MALE AND FEMALE APPLICANTS**

4. <b>HEIGHT</b> ( <i>Inches</i> )	5. <b>WEIGHT</b> ( <i>Pounds</i> )	6. <b>NECK MEASUREMENT</b> ( <i>Inches</i> )			7. <b>WAIST MEASUREMENT</b> ( <i>Inches</i> )		
		a. 1ST	b. 2ND	c. 3RD	a. 1ST	b. 2ND	c. 3RD

**SECTION II - FEMALE APPLICANTS ONLY**

8. <b>ABDOMINAL MEASUREMENT</b> ( <i>Inches</i> )			9. <b>HIP MEASUREMENT</b> ( <i>Inches</i> )		
a. 1ST	b. 2ND	c. 3RD	a. 1ST	b. 2ND	c. 3RD
10. <b>FOREARM MEASUREMENT</b> ( <i>Inches</i> )			11. <b>WRIST MEASUREMENT</b> ( <i>Inches</i> )		
a. 1ST	b. 2ND	c. 3RD	a. 1ST	b. 2ND	c. 3RD

**SECTION III - EXAMINER**

12. <b>NAME</b> ( <i>Last, First, Middle Initial</i> )	13. <b>TITLE</b>	14. <b>TELEPHONE NUMBER</b> ( <i>Include Area Code</i> )
15. <b>ADDRESS</b> ( <i>Street, City, State, ZIP Code</i> )	16. <b>SIGNATURE</b>	