Summary. This revision implements guidance in DOD Directive 1308.1, dated 29 June 1981, which establishes a weight control program in all the Services.

Applicability. This regulation applies to all members of the Active Army, the Army National Guard (ARNG), and the US Army Reserve (USAR), to include those ARNG and USAR personnel in Active Guard/Reserve (AGR) status.

Impact on New Manning System. This regulation does not contain information that affects the New Manning System.

Supplementation. Supplementation of this regulation requires prior approval from HQDA (DAPE-MPA), WASH DC 20310.

Interim Changes. Interim changes to this regulation are not official unless they are authenticated by The Adjutant General. Users will destroy interim changes on their expiration dates unless sooner superseded or rescinded.

Suggested Improvements. The proponent agency of this regulation is the Office of the Deputy Chief of Staff for Personnel. Users are invited to send comments and suggested improvements on DA Form 2028 (Recommended Changes to Publications and Blank Forms) directly to HQDA (DAPE-MPA), WASH DC 20310.

The Army Weight Control Program

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The Surgeon General (TSG)
Deputy Chief of Staff for Logistics (DCSLOG)
Chief, National Guard Bureau (CNGB)
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Commanding General, US Army Training and Doctrine Command (CG, TRADOC)
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This regulation supersedes AR 600-9, 1 February 1983

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Section I
Introduction

1. Purpose
This regulation establishes policies and procedures for the implementation of the Army Weight Control Program.

2. References
Required publications are listed in appendix D.

3. Explanation of abbreviations and terms
Abbreviations and special terms used in this regulation are explained in the glossary.

4. Objectives
   a. The primary objective of the Army Weight Control Program is to insure that all personnel—
      (1) Are able to meet the physical demands of their duties under combat conditions.
      (2) Present a trim military appearance at all times.
   b. Excessive body fat—
      (1) Connotes a lack of personal discipline.
      (2) Detracts from military appearance.
      (3) May indicate a poor state of health, physical fitness, or stamina.
   c. Objectives of the Army Weight Control Program are to—
      (1) Assist in establishing and maintaining—
         (a) Discipline.
         (b) Operational readiness.
         (c) Optimal physical fitness.
         (d) Health.
         (e) Effectiveness of Army personnel through proper weight control.
      (2) Establish appropriate body fat standards.
      (3) Provide procedures for which personnel are counseled to assist in meeting the standards prescribed in this regulation.
      (4) Foster high standards of professional military appearance expected of all personnel.

Section II
Responsibilities

5. General
The Army traditionally has fostered a military appearance which is neat and trim. Further, an essential function of day-to-day effectiveness and combat readiness of the Army is that all personnel are healthy and physically fit. Self-discipline to maintain proper weight distribution and high standards of appearance are essential to every individual in the Army.

6. Deputy Chief of Staff for Personnel (DCSPER)
The DSCPER is responsible for the Army Weight Control Program.

7. The Surgeon General (TSG)
TSG is responsible for—
   a. Establishing medical examination and counseling policies in support of the Army Weight Control Program.
   b. Evaluating the medical aspects of the program.
   c. Establishing and reviewing procedures for determination of body fat content.

8. Deputy Chief of Staff for Logistics (DCSLOG)
The DSCLOG is responsible for—
   a. Establishing food service guidance in support of the Army Weight Control Program.
   b. Publishing guidance and information pertaining to the caloric content of items served on master menus.

9. Chief, National Guard Bureau (CNGB)
The CNGB is responsible for—
   a. Implementing and monitoring the Army Weight Control Program in the ARNG (including units).
   b. Taking appropriate action under guidance prescribed in this regulation.

10. Chief, Army Reserve (CAR)
The CAR is responsible for—
   a. Monitoring the Army Weight Control Program in the USAR.
   b. Taking appropriate action under guidance prescribed in this regulation.

11. Commanders of major Army commands (MACOMs)
MACOM commanders are responsible for insuring that personnel within their commands are evaluated under the body fat standards prescribed in this regulation.

12. Commanding General, US Army Training and Doctrine Command (CG, TRADOC)
The CG, TRADOC is responsible for informing personnel at initial entry on active duty (AD) about basic nutrition and sound food consumption practices.

13. Commanding General, US Army Forces Command (CG, FORSCOM)
The CG, FORSCOM is responsible for implementing and maintaining the Army Weight Control Program in USAR troop program units (TPUs).
14. Commanders of major medical commands
   a. Commanding General, US Army Health Services Command (CG, HSC). The CG, HSC is responsible for—
      (1) Instituting weight reduction and counseling programs in Army medical facilities in support of the Army Weight Control Program.
      (2) Providing appropriate literature and training aids for use by personnel, supervisors, and commanders in selection of a proper diet.
   b. Commanders of other major medical commands (overseas). These commanders are responsible for instituting weight reduction and counseling programs in Army medical facilities in support of the Army Weight Control Program overseas.

15. Commanding General, US Army Reserve Components Personnel and Administration Center (CG, RCPAC)
   The CG, RCPAC is responsible for—
   a. Monitoring the Army Weight Control Program in the Individual Ready Reserve (IRR).
   b. Taking appropriate action under guidance prescribed in this regulation.
   c. Insuring that members applying for tours of AD, active duty for training (ADT), active duty support (ADS), and AGR meet the body fat standards prescribed in this regulation (personnel who do not meet these standards will not be permitted to enter on AD, ADT, or ADS, or in AGR status).

16. Commanders and supervisors
   Commanders and supervisors are responsible for—
   a. Implementing the Army Weight Control Program, to include the evaluation of the weight and military appearance of all individuals under their jurisdiction.
   b. Insuring the continued evaluation of all personnel under their command or supervision against the body fat standards prescribed in this regulation.
   c. Maintaining data on the number of personnel in their command or under their supervision who—
      (1) Enter a weight control program each year.
      (2) Subsequently either meet the body fat standards of this regulation, or were separated from the Service for reasons related to overweight conditions.

17. Health care personnel
   Health care personnel are responsible for—
   a. Assisting commanders and supervisors by providing weight reduction counseling to individuals who are overweight.
   b. Verifying weight and measuring percent body fat of personnel, as required by paragraph 20a.
   c. Evaluating overweight individuals.
   d. Identifying those individuals who have a pathological condition requiring medical treatment.

18. Individuals
   Each commissioned officer, warrant officer, and enlisted member is personally responsible for meeting the body fat standards prescribed in this regulation.

Section III
Weight Control

19. Policy
   a. Commanders and supervisors will monitor all members of their command (officers, warrant officers, and enlisted personnel) to insure that they maintain proper weight, body composition (as explained in the glossary), and personal appearance. At minimum, personnel will be weighed when they take the Army Physical Readiness Test (APRT) or at least every 6 months. Personnel exceeding the screening table weight (shown at app A), or identified by the commander or supervisor for a special evaluation, will have a determination made of percent body fat. Identification and counseling of overweight personnel are required.
   b. Commanders and supervisors will provide educational and other motivational programs to encourage personnel to attain and maintain proper weight standards. Such programs can include—
      (1) Nutrition education sessions conducted by qualified health care personnel.
      (2) Exercise programs, even though minimum APRT standards are achieved.
   c. Maximum allowable percent body fat standards are as follows:

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Male (% body fat)</th>
<th>Female (% body fat)</th>
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<tr>
<td>17-20</td>
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However, all personnel are encouraged to achieve the more stringent Department of Defense (DOD)-wide goal, which is 20 percent body fat for males and 26 percent body fat for females.
   d. Personnel who are overweight (as explained in the glossary)—
      (1) Will be considered nonpromotable (to the extent such nonpromotion is permitted by law).
      (2) Will not be authorized to attend professional military or civilian schooling.
      (3) Will not be assigned to command positions.

20. Procedures
   a. Body fat composition will be determined for personnel—
(1) Whose body weight exceeds the screening table weight in appendix A.

(2) Or when the unit commander or supervisor determines that the individual's appearance suggests that body fat is excessive.

b. Routine weigh-ins will be accomplished at the unit level. Percent body fat measurements will be accomplished by health care personnel (health care personnel are defined in the glossary). Personnel exceeding percent body fat standards will be medically evaluated; they also will be provided weight reduction counseling.

c. The sample correspondence shown in appendix B will be completed and retained by the unit commander or supervisor, to document properly recommendations and actions taken in each case.

d. If an individual's condition is diagnosed by medical authorities to result from an underlying or associated disease process, health care personnel will take one of the following actions:

(1) Prescribe treatment to alleviate the condition and return personnel to their unit.

(2) Hospitalize individuals for necessary treatment; this action applies to Active Army personnel only.

(3) Determine whether the individual's condition is medically disqualifying for continued service. In these cases, disposition will be made under provisions of appropriate regulations.

e. If health care personnel discover no underlying or associated disease process as the cause of the condition, and the individual is classified as overweight, these facts will be documented and the individual entered in a weight control program. Suspension of favorable personnel actions will be initiated under AR 600–31 for personnel in a weight control program.

(1) Maximum allowable weight will be determined, and a safely attainable weight loss goal will be established, by qualified health care personnel. The weight loss goal will be designed to enable soldiers to lose excess body fat and progress to a point preferably below, but at least at, the maximum allowable weight specified by health care personnel and recorded on the format indicated in appendix B. Weigh-ins will be made by unit personnel monthly (or during unit assemblies for ARNG and USAR personnel) to determine progress.

(2) As an exception to g below, an individual who has no weight loss after any two consecutive monthly weigh-ins may be referred by the commander or supervisor to health care personnel for reevaluation. If health care personnel are unable to determine a medical reason for lack of weight loss—and if the individual is not in compliance with the body fat standards at paragraph 19c and still exceeds the screening table weight (app A)—the commander or supervisor will inform the individual that—

(a) Progress is unsatisfactory.

(b) He or she is subject to separation, as specified in j below.

f. Commanders and supervisors will remove individuals administratively from a weight control program as soon as maximum allowable weight, or the body fat standard, is achieved. The removal action will be documented as shown in appendix B; removal of suspension of favorable personnel actions will be accomplished at that time.

g. After a period of dieting and/or exercise for 6 months, personnel who have not made satisfactory progress (as explained in the glossary) toward their maximum allowable weight, and who still exceed the screening table weight (app A) will be processed as follows:

(1) If health care personnel determine that the condition is due to an underlying or associated disease process, action described in d above will be taken.

(2) If no underlying or associated disease process is found to cause the overweight condition, the individual will be subject to separation from the Service, under appropriate regulations indicated in j below.

h. Personnel will be continued in a weight control program (as provided in e through g above) after the initial 6-month period, if they—

(1) Still exceed the body fat standard (or maximum allowable weight), and

(2) Have made satisfactory progress toward their maximum allowable weight, or are at or below the screening table weight (app A).

i. To assist commanders and supervisors, a flow chart outlining procedural guidance is shown at appendix C.

j. The commander or supervisor will inform the individual in writing that initiation of separation proceedings is being considered under the following regulations: AR 635–200, chapter 11 or 13; AR 635–100, chapter 5; NGR 600–200, chapter 7; NGR 600–101; NGR 600–5; NGR 635–100; AR 135–175; or AR 135–178. This procedure will be followed, unless a medical reason is found to preclude the loss of weight, or there is other good cause to justify additional time in the weight control program.

(1) The individual will immediately respond to the separation consideration letter in writing. The commander or supervisor will consider the response and initiate separation action if no adequate explanation is provided, unless the individual submits an application for retirement, if eligible. USAR personnel in an AGR status who fall under the purview of this paragraph will be released from AD and returned to the appropriate Reserve control group.

(2) If separation action is not initiated, or does not result in separation, the individual will be entered or continued in a weight control program, as specified in e above.
k. Following removal from a weight control program, if it is determined (under a above) that an individual exceeds the screening table weight (app A) and the body fat standard prescribed in paragraph 19c within 36 months, then the following will apply:

(1) If health care personnel determine that the individual exceeds the screening table weight and the body fat standard—

   (a) Within 12 months from the date of the previous removal from the program, and no underlying or associated disease process is found as the cause of the condition, the individual will be subject to separation from the Service under j above. (Satisfactory progress in a previous weight control program will not be considered a good reason to justify time in a new program.)

   (b) After the 12th month, but within 36 months from the date of the previous removal from the program, and no underlying or associated disease process is found as the cause of the condition, the individual will be allowed 90 days to meet the standards. Personnel who meet the maximum allowable weight or body fat standard after that period will be removed from the program. All others will be subject to separation from the Service under j above.

(2) If the individual is determined by health care personnel to exceed the maximum allowable weight and body fat standard, and the condition is due to an underlying or associated disease process, action described in d above will be taken.

l. Inherent in the responsibility of selection boards is the obligation to select only those individuals who are considered to be physically fit to perform the duties required of them at all times. Compliance with the Army Weight Control Program as prescribed in this regulation will be considered in the selection process for promotion, professional military or civilian schooling, or assignment to command positions. Procedures for commanders and supervisors to provide current information for use by selection boards indicating whether individuals meet the prescribed standards will be included in DA regulations or issued by separate correspondence.

m. Records will be maintained in unit files for personnel in weight control programs. On transfer from one unit to another, the losing commander or supervisor will forward the records and a statement to the gaining unit with information indicating the status of the individual’s participation in a weight control program. When the transfer is a permanent change of station, the unit commander’s statement and records will be—

   (2) Removed on inprocessing.

(3) Forwarded to the gaining unit commander or supervisor.

21. Reenlistment criteria

a. During the first 6 months after the effective date of this regulation, personnel of all ages must meet either the screening table weight at appendix A for age 40 and over, or the body fat standard in paragraph 19c for age 40 and over, to reenlist or extend their enlistment, if otherwise eligible.

b. Beginning 6 months after the effective date of this regulation, personnel who exceed the screening table weight at appendix A and the body fat standard for their current age group in paragraph 19c will not be allowed to reenlist or extend their enlistment.

c. Exceptions to policy for Active Army personnel (including RC personnel on AD) are prescribed in this subparagraph. For soldiers who are otherwise physically fit and have performed their duties in a satisfactory manner, the commander exercising General Court Martial Convening Authority, or the first general officer in the soldier’s normal chain of command (whichever is in the most direct line to the soldier) 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 which precludes loss of weight. In such cases, the nature of on-going treatment will be documented; the extension will be for the minimum time necessary to correct the condition and achieve the required weight loss.

      (b) Pregnant soldiers who are otherwise fully qualified for reenlistment, including those with approved waivers, but who exceed acceptable standards prescribed in this regulation, will be extended for the minimum period which will allow birth of the child, plus 6 months. Authority, which will be cited on DA Form 1695 (Oath of Extension of Enlistment) is AR 601–280, paragraph 3–3. On completion of the period of extension, the soldier will be reevaluated under paragraph 19.

   (2) Exceptions to policy allowing reenlistment are authorized only in cases where—

      (a) Medically documented conditions (para 20d) preclude attainment of required standards, and

      (b) Disability separation is not appropriate.

   d. Exceptions to policy for RC personnel not on AD. All requests for extension of enlistment for ARNG and USAR (TPU and IRR) personnel will be processed under NGR 600–200 or AR 140–111, paragraph 3–60, as appropriate.
e. 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. As a minimum, requests will include—

1. The physician's evaluation.

2. A record of progress in the weight control program.


4. Body fat content.

5. Years of active Federal service.

6. Other pertinent information.
## Appendix A  
**Weight for Height Table (Screening Table Weight)**

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<th>Height (in inches)</th>
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<td>240</td>
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Appendix B
Sample Correspondence for Weight Control Program

FORMAT FOR REQUESTING PRELIMINARY MEDICAL EVALUATION

FROM: Commanding Officer
TO: MEOOAC

Subject: Weight Control Program

Ref: AR 600-9.

1. ______,———«_______,—— ( ) exceeds the weight for height tables by ____ pounds; ( ) appears to have excess body fat.

2. It is requested that body fat content be measured and a medical evaluation be conducted in accordance with reference AR.

Date ____________________ Signature ____________________

FIRST INDORSEMENT

FROM: MEDDAC (Health Care Personnel)
TO: Commanding Officer

1. In accordance with the reference, _____ ___ .

has been examined and found to weigh ______ pounds and have a body fat content of ____ percent. This individual (check appropriate block/blocks):

( ) Exceeds the weight for height tables, or ( ) does not exceed the weight tables.

( ) Exceeds the percent body fat standard by ____ percent. The individual's maximum allowable weight is ____ pounds in current age category.

( ) Does not exceed the percent body fat standard. The individual's maximum allowable weight is ____ pounds in current age category.

( ) Is fit for participation in a weight control/physical exercise program.

The cause of this overweight condition (is) (is not) due to a medical disorder.

2. The following action(s) is/are recommended.

( ) Weight reduction program.

( ) Hospitalization for pathological medical disorder.

( ) No further action.

3. The soldier has been advised that: The loss of ____ pounds within 6 months is determined to be a realistic goal. Present weight is ____ pounds, loss per month should be ____ pounds.

Date ____________________ Signature ____________________
SECOND INDOREMENT

From: Commanding Officer
To: (Individual Soldier)

You have been determined to be overweight and a goal of ___ pounds of weight loss per month has been established. Your maximum allowable weight is ___ pounds. This should be attained no later than ___ months from this date. Failure to achieve your maximum allowable weight could result in separation from the Service.

Date_____________________ Signature___________________

THIRD INDOREMENT

From: (Individual Soldier)
To: Commanding Officer

I understand my responsibilities to achieve the maximum allowable weight and to have my weight recorded periodically or during unit training assemblies (UTA) as applicable.

Date_____________________ Signature___________________

(to be used when weight goal is not attained after ___ months)

FOURTH INDOREMENT

From: Commanding Officer
To: MEDDAC (Health Care Personnel)

Present weight, body fat percentage, and medical reevaluation are requested.

Date_____________________ Signature___________________
FIFTH INDOREMENT

From: MEDDAC (Health Care Personnel)  
To: Commanding Officer

I have reexamined the individual and found present weight to be ___ pounds, ( ) which meets the screening table weight, or which ( ) exceeds the screening table weight. The individual's present body fat is ___ percent and present maximum allowable weight is ___ pounds. This individual is ( ) within percent body fat standard, or ( ) exceeds percent body fat standard.

The cause of the overweight condition (is) (is not) due to a pathological medical disorder.

Additional remarks:

Date___________________ Signature____________________________

SIXTH INDOREMENT

FROM: Commanding Officer  
TO: Military Personnel Officer

1. The individual has been determined to be in compliance with the provisions of AR 600-9, and is therefore removed from the weight control program effective this date.

2. The individual's current weight is ___ pounds. Screening table weight is ___ pounds for present age category. Maximum allowable weight is ___ pounds for present age category.

3. This correspondence will be retained in the individual's MPRJ for 48 months from this date.

Date___________________ Signature____________________________
Appendix C
Flow Process Guide for Screening and Weight Control Actions

(NOTE: This appendix applies to all personnel: officers, warrant officers, and enlisted)
# Appendix D
## References

### Required Publications

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<tr>
<th>Publication</th>
<th>Description</th>
<th>Paragraph Cited</th>
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<tbody>
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<td>AR 135–175</td>
<td>(Separation of Officers). Cited in paragraph 20j.</td>
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<tr>
<td>AR 140–111</td>
<td>(Enlistment and Reenlistment). Cited in paragraph 21d.</td>
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<tr>
<td>AR 635–100</td>
<td>(Officer Personnel). Cited in paragraph 20j.</td>
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Glossary

Section I
Abbreviations

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<thead>
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<th>Abbreviation</th>
<th>Description</th>
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<tr>
<td>AD</td>
<td>active duty</td>
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<td>ADS</td>
<td>active duty support</td>
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<tr>
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<td>active duty for training</td>
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<td>AGR</td>
<td>Active Guard/Reserve</td>
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<td>APRT</td>
<td>Army Physical Readiness Test</td>
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<td>Army National Guard</td>
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<td>Chief, Army Reserve</td>
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<td>Commanding General</td>
</tr>
<tr>
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<td>Chief, National Guard Bureau</td>
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<tr>
<td>DA</td>
<td>Department of the Army</td>
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<td>DCSPER</td>
<td>Deputy Chief of Staff for PERSONnel</td>
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<td>FORSCOM</td>
<td>US Army Forces Command</td>
</tr>
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<td>HQDA</td>
<td>Headquarters, Department of the Army</td>
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<tr>
<td>HSC</td>
<td>US Army Health Services Command</td>
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<tr>
<td>IRR</td>
<td>Individual Ready Reserve</td>
</tr>
<tr>
<td>MACOM</td>
<td>major Army command</td>
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<tr>
<td>RC</td>
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<tr>
<td>RCPAC</td>
<td>US Army Reserve Component Personnel and Administration Center</td>
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<tr>
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<td>troop program unit</td>
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<td>TRADOC</td>
<td>US Army Training and Doctrine Command</td>
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<tr>
<td>TSG</td>
<td>The Surgeon General</td>
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<tr>
<td>USAR</td>
<td>US Army Reserve</td>
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</table>

Section II
Terms

Body composition

The human body is composed of two major elements: 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 18 percent body fat has 36 pounds of fat. Women generally have a higher percent of body fat than men because of genetic and hormonal differences; thus, body fat standards differ among men and women by age groups.

Health care personnel

Trained physicians (military or civilian employees or contract), physician's assistants, nurse practitioners, and dieticians under supervision of the unit surgeon or the commander of the medical treatment facility. For the purpose of this regulation, this term includes personnel of US Forces and host nations. For RC personnel, health care personnel normally used for medical purposes are authorized.

Maximum allowable weight

A mathematically derived maximum body weight, to be used as an objective for soldiers whose body fat exceeds the current standard for their age category. Derived by health care personnel by summing the current lean body mass and fat allowable for an individual to comply with the percent body fat standard. This weight is different than the screening table weight in appendix A.

Overweight

An individual is considered overweight when his or her percent body fat exceeds the standard specified in paragraph 19c of this regulation.

Satisfactory progress

Progressing toward a point preferably below, but at least at, the individual's maximum allowable weight (specified by health care personnel) at a monthly weight loss rate that was previously agreed to by the commander or supervisor, in consultation with health care personnel. This is different from the screening table weight in appendix A.

Weight control

An individual program by which each soldier attains and maintains an acceptable weight and body composition through self-motivation or involvement in an official weight control program.
15 February 1983

By Order of the Secretary of the Army:

Official:

ROBERT M. JOYCE
Major General, United States Army
The Adjutant General

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