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S/S ALL RANKS PERSONNEL
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* Army Regulation 600-9

Effective 15 April 1983

Personnel—General

The Army Weight Control Program

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 re-

quires 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 Users will destroy interim changes on their expiration dates unless sooner superseded or rescinded.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.

Contents

	Paragraph	Page		Paragraph	Page
Section I					
<i>Introduction</i>					
Purpose	1	1	Commanders of major medical commands	14	2
References	2	1	Commanding General, US Army Reserve Components Personnel and Administration Center (CG, RCPAC) ..	15	2
Explanation of abbreviations and terms	3	1	Commanders and supervisors	16	2
Objectives	4	1	Health care personnel	17	2
Section II					
<i>Responsibilities</i>					
General	5	1	Individuals	18	2
Deputy Chief of Staff for Personnel (DCSPER)	6	1	Section III		
The Surgeon General (TSG)	7	1	<i>Weight Control</i>		
Deputy Chief of Staff for Logistics (DCSLOG)	8	1	Policy	19	2
Chief, National Guard Bureau (CNGB)	9	1	Procedures	20	2
Chief, Army Reserve (CAR)	10	1	Reenlistment criteria	21	4
Commanders of major Army commands (MACOMs)	11	1	Appendixes		
Commanding General, US Army Training and Doctrine Command (CG, TRADOC)	12	1	A. Weight for Height Table (Screening Table Weight)		A-1
Commanding General, US Army Forces Command (CG, FORSCOM)	13	1	B. Sample Correspondence for Weight Control Program		B-1
			C. Flow Process Guide for Screening and Weight Control Actions		C-1
			D. Required Publications		D-1
			Glossary		Glossary 1

*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 DCSPER 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 DCSLOG 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 20*a*.

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:

	Age Group			
	17-20	21-27	28-39	40 & Older
Male (% body fat)	20	22	24	26
Female (% body fat)	28	30	32	34

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 19*c* 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—

(1) Filed as transfer documents in the Military Personnel Records Jacket, US Army, under AR 640-10.

(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 19*c* 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 19*c* 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 20*d*) 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.

(3) Current height and weight.

(4) Body fat content.

(5) Years of active Federal service.

(6) Other pertinent information.

Appendix A

Weight for Height Table (Screening Table Weight)

Height (in inches)	MALE				FEMALE			
	Age				Age			
	17-20	21-27	28-39	40+	17-20	21-27	28-39	40+
58	—	—	—	—	104	107	110	113
59	—	—	—	—	107	110	114	117
60	132	136	139	141	111	114	117	121
61	136	140	144	146	115	118	121	125
62	141	144	148	150	119	123	126	130
63	145	149	153	155	123	126	130	134
64	150	154	158	160	126	130	134	138
65	155	159	163	165	130	134	138	142
66	160	163	168	170	135	139	143	147
67	165	169	174	176	139	143	148	151
68	170	174	179	181	143	147	151	156
69	175	179	184	186	147	151	155	160
70	180	185	189	192	151	156	160	165
71	185	189	194	197	155	159	164	169
72	190	195	200	203	160	164	169	174
73	195	200	205	208	165	169	174	179
74	201	206	211	214	170	174	180	185
75	206	212	217	220	175	179	184	190
76	212	217	223	226	180	185	190	196
77	218	223	229	232	184	190	195	201
78	223	229	235	238	189	194	200	206
79	229	235	241	244	194	199	205	211
80	234	240	247	250	198	204	210	216

**Appendix B
Sample Correspondence for Weight Control Program**

FORMAT FOR REQUESTING PRELIMINARY MEDICAL EVALUATION

FROM: Commanding Officer
TO: MEDDAC

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 INDORSEMENT

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 INDORSEMENT

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 INDORSEMENT

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

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

Date _____ Signature _____

FIFTH INDORSEMENT

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 INDORSEMENT

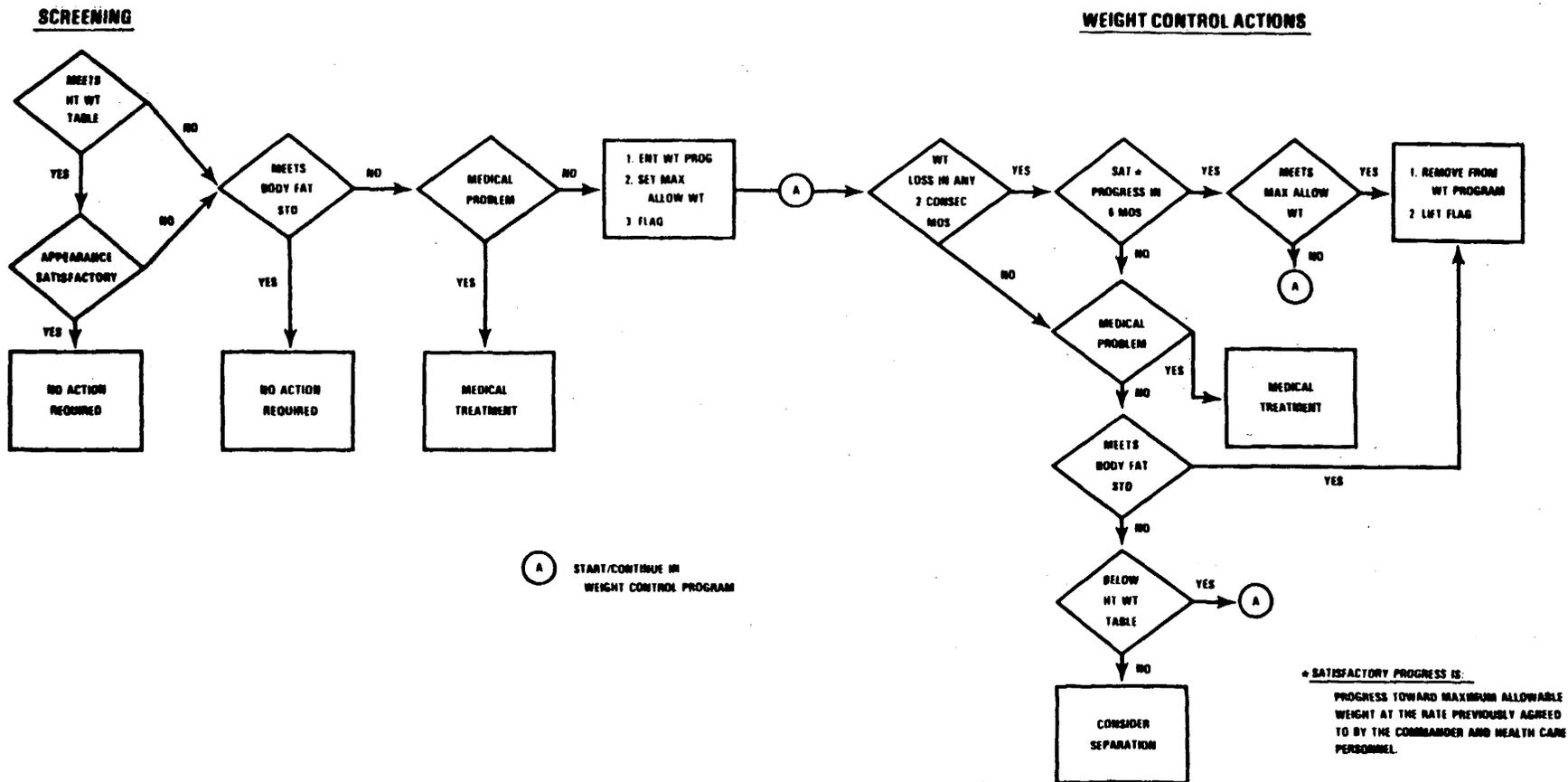
FROM: Commanding Officer
TO: Military Personnel Officer

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

- | | | | |
|------------|--|-------------|---|
| AR 135-175 | (Separation of Officers). Cited in paragraph 20j. | AR 635-200 | (Enlisted Personnel). Cited in paragraph 20j. |
| AR 135-178 | (Separation of Enlisted Personnel). Cited in paragraph 20j. | AR 640-10 | (Individual Military Personnel Records). Cited in paragraph 20m(1). |
| AR 140-111 | (Enlistment and Reenlistment). Cited in paragraph 21d. | NGR 600-5 | (Enlisted Career Management). Cited in paragraph 20j. |
| AR 600-31 | (Suspension of Favorable Personnel Actions for Military Personnel in National Security Cases and Other Investigations or Proceedings). Cited in paragraph 20e. | NGR 600-101 | (Commissioned Officers—Federal Recognition and Related Personnel Activities). Cited in paragraph 20j. |
| AR 601-280 | (Army Reenlistment Program). Cited in paragraph 21c(1)(b). | NGR 600-200 | (Enlisted Personnel Management). Cited in paragraphs 20j and 21d. |
| AR 635-100 | (Officer Personnel). Cited in paragraph 20j. | NGR 635-100 | (Termination of Appointment and Withdrawal of Federal Recognition). Cited in paragraph 20j. |

Glossary

Section I

Abbreviations

AD	.....	active duty
ADS	.....	active duty support
ADT	.....	active duty for training
AGR	.....	Active Guard/Reserve
APRT	.....	Army Physical Readiness Test
ARNG	.....	Army National Guard
CAR	.....	Chief, Army Reserve
CG	.....	Commanding General
CNGB	.....	Chief, National Guard Bureau
DA	.....	Department of the Army
DCSPER	.....	Deputy Chief of Staff for Personnel
DCSLOG	.....	Deputy Chief of Staff for Logistics
DOD	.....	Department of Defense
FORSCOM	...	US Army Forces Command
HQDA	.....	Headquarters, Department of the Army
HSC	.....	US Army Health Services Command
IRR	.....	Individual Ready Reserve
MACOM	.....	major Army command
RC	.....	Reserve Component
RCPAC	.....	US Army Reserve Component Personnel and Administration Center
TPU	.....	troop program unit
TRADOC	.....	US Army Training and Doctrine Command
TSG	.....	The Surgeon General
USAR	.....	US Army Reserve

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

AR 600-9

By Order of the Secretary of the Army:

Official:

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

E. C. MEYER
General, United States Army
Chief of Staff

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