

DATE _____

HEIGHT/WEIGHT CERTIFICATE

(name) (last four of SSN) (rank)

This is to certify that my height, weight, and age are as follows:

Height: _____ **Weight:** _____ **Age:** _____

Maximum Weight Allowable IAW AR 600-9 is: _____

Body Fat Percentage as shown on attached DA form 5500/5501: _____

I certify the above information is correct as of this date.

(your signature)
(Your name)
(rank), MSARNG
(duty position)

(supervisor signature)
WILLIE MAKEIT
CPT, IN, MSARNG
Commanding

Figure 2-3 Height and Weight Certificate example