DATE ______________________

HEIGHT/WEIGHT CERTIFICATE

<table>
<thead>
<tr>
<th>(name)</th>
<th>(last four of SSN)</th>
<th>(rank)</th>
</tr>
</thead>
</table>

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