OFFICE SYMBOL DATE: \_\_\_\_\_\_\_\_

MEMORANDUM FOR Commander, *(Unit)*

SUBJECT: Soldier Action Plan for the Army Body Composition Program

1. I, *(Soldier’s name)*, understand my responsibilities to meet the Army body fat

standards and to have my body fat measured and recorded monthly until I meet standards per AR 600-9.

2. I have read USAPHC TG 358 (Army Weight Management Guide) and familiarized myself with the contents. In addition, I understand it is my responsibility to take action and seek out resources to improve my eating choices, as necessary, to assist in meeting Army readiness requirements.

3. I have selected one of the following weight loss or nutrition counseling options as outlined in USAPHC TG 358:

Option A: Weight loss program at an installation medical treatment facility (MTF)

 Appointment: *(month/day/year) at (time)*

Option B: Registered dietitian visits (at own expense)

Appointment: *(month/day/year)* at *(time)*

Option C: Approved online weight loss program (at own expense)

Name of program: *(program name)* Start Date: *(month/day/year)*

Option D: Approved commercial weight loss program (at own expense)

Name of program: *(program name)* Start Date: *(month/day/year)*

Option E: Self-directed program (attach program plan)

Start Date: *(month/day/year)*

Option F: Self-directed program - Fit For Performance - Weight Loss Strategies Powered by P3 (Performance Triad) on the Army Public Health Center website.

 Start Date: *(month/day/year)*

Paragraph 4 is an additional requirement for Active Component and Reserve Component Soldiers on active duty only.

4. Per AR 600-9, I have scheduled an appointment with a registered dietitian or healthcare professional, in the absence of a registered dietitian, at the MTF for nutrition and weight loss education within 20 days of counseling by the commander. I will bring a copy of my Soldier Action Plan to the dietitian appointment for review.

Appointment: *(month/day/year)* at *(time)*

5. By my signature below, I acknowledge, understand, accept, and agree to comply with the information contained in USAPHC TG 358 and as indicated above.

Soldier’s signature Commander’s signature

Soldier’s name Commander’s name

Rank, (Branch or USA) Rank, Branch

Commanding