



UNITED STATES MARINE CORPS

FORCE HEADQUARTERS GROUP
2000 OPELOUSAS AVE NEW
ORLEANS LA 70146-5400

IN REPLY REFER TO:
1040
CarPlan

Subj: HEIGHT AND WEIGHT VERIFICATION FOR IMA AND IRR RETENTION

Ref: (a) MCO 6110.3
(b) MCO P1040R.35

Date: _____

Rank/Name: _____ EDIPI: _____

Marine's Age: _____ years old Date of Birth: _____ (yyyymmdd)

Height: _____ inches

Weight: _____ lbs

Max Wt: _____ lbs (only those exceeding height/weight standards will undergo a body fat assessment)

Body Fat: _____ %

MALES:		Abdomen	Neck	Abdomen	Neck
1				1	
2				2	
3				3	

	Male Age	Percent
1. Abdomen (round down to the ½")	17-26	18%
2. Neck (round up to the nearest ½")	27-39	19%
3. Subtract (-) NECK from ABDOMEN and RECORD	40-45	20%
4. PERCENT FAT ESTIMATION for MALE HEIGHT is	46+	21%

FEMALES:			Abdomen	Hips	Neck	Abdomen	Hips	Neck
1						1		
2						2		
3						3		

	Female Age	Percent
1. Abdomen (round down to the ½")	17-26	26%
2. Hips (round down to the nearest ½")	27-39	27%
3. Neck (round up to the nearest ½")	40-45	28%
4. Add WAIST (+) HIP then Subtract (-) NECK	46+	29%
5. PERCENT FAT ESTIMATION for FEMALE HEIGHT is		

Verifier: _____
Rank Last Name First Name MI (Signature)

Verifier: _____
Rank Last Name First Name MI (Signature)

Signature of Marine

CO/XO/SGTMAJ CERTIFIER