

**U.S. ARMY OCCUPATIONAL PHYSICAL  
ASSESSMENT TEST (OPAT) CONSENT**

(This consent is required IAW HQDA EXORD 202-16)

OPAT Administration Date: \_\_\_\_\_

Location: \_\_\_\_\_

Agency: \_\_\_\_\_

**Acknowledgment:**

a. I am currently a member of the U.S. Army Reserve Control Group (Future Soldier Training Program), a member of the Army National Guard awaiting shipment to Initial Entry Training (IET) or Initial Active Duty for Training (IADT), or a member of the U.S. Army Cadet Command. I voluntarily consent to be administered the OPAT to determine my qualifications for a Military Occupational Specialty (MOS), which is required prior to my shipment onto active duty for training or appointment as a commissioned officer. This test is being conducted by the U.S. Army Recruiting Command; the Army National Guard; or the U.S. Army Cadet Command.

b. I further state that I understand:

(1) I hereby waive any claim for pay under this program.

(2) I must achieve the passing score for the chosen specialty that was reserved at the time of my enlistment prior to my shipment to training. If I fail to achieve the appropriate passing score, my contract will be renegotiated placing me into a new specialty in which I have already met the physical demands category.

(3) The OPAT is considered a prerequisite for training in all Army specialties.

c. I will not be administered the OPAT if I am currently under medical care or if my medical condition has changed since the date of my physical examination.

d. By signing this document, I certify that I have read and understand the statements above.

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_