



Date:

From: Command Fitness Leader,

To: ShipShape Facilitator,

Via: [Click here to select CO, XO, or OIC as supervising leadership,](#)

Subj: ShipShape Program Referral for

1. This command is referring the service member identified above to the ShipShape Program at:

2. The member's current measurements and status are as follows:

- a. **Date Measured:**
- b. **Height:**
- c. **Weight:**
- d. **Body Fat %:**
- e. **In Standards:** Yes No
- f. **Enrolled in FEP:** Yes No
- g. **On Limited Duty:** Yes No

3. This Command understands that this member's enrollment in the ShipShape Program will require a commitment of the member's attendance at eight consecutive weekly sessions (unless an alternative schedule is identified by the ShipShape Facilitator) with follow up provided by the ShipShape Facilitator, with support from our CFL, on a monthly basis for a six month period. The ShipShape Facilitator and CFL should coordinate to obtain and record actual weights for the member at the 3-month and 6-month follow-up time periods per the ShipShape Roster and Reporting form.

4. CFL Contact Information:

- a. **Name:**
- b. **Rank:**
- c. **Email:**
- d. **Phone:**