



Date:

From: Command Fitness Leader,

To: ShipShape Program 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 sessions (two online, six in-person group) within six months of attending their first group session (unless an alternative schedule is identified by the ShipShape Program Facilitator). Participants are expected to follow-up with the ShipShape Facilitator on a monthly basis for six months following completion of the program. The CFL will be available as an additional support resource for participants during this post-program follow-up period.

4. CFL Contact Information:

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