

Overall Fitness Assessment Data Sheet

Name: \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Age \_\_\_\_ Weight \_\_\_\_ LBS. \_\_\_\_ ft \_\_\_\_ inches Phone# ( ) \_\_\_\_\_

Medications \_\_\_\_\_

Risk Factor Status \_\_\_\_\_

Resting HR \_\_\_\_\_ After Exercise HR \_\_\_\_\_

Skin folds:	Women	Men	
Triceps	____	Pectoral	____
Suprailiac	____	Abdomen	____
Thigh	____	Thigh	____

Estimate % Body Fat \_\_\_\_\_ %  
Waist to Hip Ratio (divide waist by hip) \_\_\_\_\_

Circumferences:  
Waist \_\_\_\_\_ Hip \_\_\_\_\_ Thigh \_\_\_\_\_  
Calf \_\_\_\_\_ Biceps \_\_\_\_\_ Forearm \_\_\_\_\_

Step Test (60 sec. HR) \_\_\_\_\_  
Comments: \_\_\_\_\_

Bench Press 1 RM \_\_\_\_\_ / WT in lbs. \_\_\_\_\_ = \_\_\_\_\_  
Push-up Test (total #) \_\_\_\_\_  
Sit and Reach (inches) \_\_\_\_\_

Muscle Specific Flexibility Test

	Adequate	Needs Improvement
Hamstrings	_____	_____
Quadriceps	_____	_____
Calves	_____	_____
Shoulders	_____	_____ (2 inches to touch fingers)

Posture Assessments (visual)

	Yes	No
Lordosis	_____	_____
Kyphosis	_____	_____
Forward Head	_____	_____
Shoulder Height	_____	_____