

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 | _____ | _____ |