

Fitness Assessment Recording Form

Name: _____ Code: _____ M / F D.O.B.: ____/____/____

Telephone: _____ Email: _____

Date	/ /	/ /	/ /	/ /	/ /
Age					
Blood Pressure (resting)	/	/	/	/	/
Heart Rate (resting)					
Height (m)					
Weight (kg)					
BMI					
Anthropometric					
Body Girths: Arm relaxed (R / L)	/	/	/	/	/
Arm flexed (R / L)	/	/	/	/	/
Chest					
Waist (min / umbilical)	/	/	/	/	/
Hip (Gluteal)					
Thigh - mid (R / L)	/	/	/	/	/
Thigh - upper (R / L)	/	/	/	/	/
Calf - maximal (R / L)	/	/	/	/	/
WHR					
Skinfolds: * Triceps					
Biceps					
* Subscapular					
* Suprailiac					
* Abdominal					
# Pectoral					
* Thigh (anterior)					
Calf (medial)					
Sum of Skinfolds					
Sum of 5/6 Skinfolds					
Body Fat %					
Lean Body Mass					
Strength					
Push ups / Bench Press	/3 x	/3 x	/3 x	/3 x	/3 x
Chin ups / Lat Pulldown	/3 x	/3 x	/3 x	/3 x	/3 x
Abdominals - 8 stage test					
- 60 second maximal					
Cardio-vascular / Respiratory					
Respiratory Function					
CV -					
CV -					
Flexibility					
Hamstring / Lower Back					
Shoulder - R / L	/	/	/	/	/
Assessor					