

Fitness Assessment Data Sheet

Name _____ Date _____

Age _____ Wt _____ Ht _____ Medications _____

Risk Factor Status _____

Resting HR _____ Resting BP (1) _____ (2) _____

Skinfolds:

WOMEN

MEN

Triceps
Suprailiac
Thigh

Pectoral
Abdomen
Thigh

Estimated % Body Fat _____

Waist to Hip Ratio (divide waist by hip) _____

BMI _____

Circumferences:

Waist _____ Hip _____ Thigh _____

Calf _____ Upper arms _____ Forearm _____

Step Test (60 sec. HR) _____ Rockport Walking Test (60 sec. HR) _____

Comments _____

Bench Press 1 RM _____ /WT in lbs. _____ = _____

Crunch Test (#/min.) _____

Push-up Test (total #) _____

Sit and Reach (inches) _____

Muscle Specific Flexibility Test

	Adequate	Needs improvement
Hamstrings	_____	_____
Iliopsoas	_____	_____
Quadriceps	_____	_____
Calves	_____	_____
Shoulders	_____	_____

Posture Assessments (visual)

	Yes	No
Lordosis	_____	_____
Kyphosis	_____	_____
Forward head	_____	_____
Hip height discrepancy	_____	_____
Shoulder height	_____	_____

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Email me at weightlossking40@gmail.com to *request* specific forms you may need for your fitness business.