

FITNESS ASSESSMENT FORM

Personal Information

Name: _____	Assessment Date: _____	Age: _____
Weight: _____ lb	Height: _____ ft _____ in	Sex: _____
Resting Blood Pressure: _____ / _____ Resting Heart Rate: _____		

Body Composition

Bioelectrical Impedance Reading: _____ % Body Fat BMI: _____		
Chest: _____ in	Thigh: _____ in	Waist: _____ in
Upper arm: _____ in	Hips: _____ in	Other (if requested): _____ in

Cardiovascular Fitness *(Circle One)*

<p>1. One- Three Minute YMCA Step Test</p> <p>Cadence: 96 BPM</p> <p>Heart Rate: _____ BPM</p>

2. Rockport Fitness Walking Test	3. BYU Jog Test
<i>(Warm up, walk or jog, each are 1-mile)</i>	
	Time Heart Rate
Lap 1:	_____ BPM
Lap 2:	_____ BPM
Lap 3:	_____ BPM
Lap 4:	_____ BPM
Lap 5:	_____ BPM
Lap 6:	_____ BPM
Lap 7:	_____ BPM

Muscular Endurance

Push-ups: _____	Crunches / Minute: _____	Plank Hold (# of seconds): _____
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Flexibility:

Sit and Reach: 1). _____ 2). _____ 3). _____
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