

FITNESS ASSESSMENT FORM

Client Name: _____

Trainer Name: _____

Pre-Test Date: _____ Post-Test Date: _____

Pre-Participation Screening Notes:

Comments:

VITAL SIGNS	PRE-TEST SCORE	POST-TEST SCORE	DIFFERENCE
Resting Blood Pressure			
Resting Heart Rate			
BODY COMPOSITION MEASURES	PRE-TEST SCORE	POST-TEST SCORE	DIFFERENCE
Height			
Weight			
Waist-to-Hip Ratio			
% Body Fat			
Other:			
MUSCULAR STRENGTH	PRE-TEST SCORE	POST-TEST SCORE	DIFFERENCE
Bench Press			
Squat			
Leg Press			
Other:			
MUSCULAR ENDURANCE	PRE-TEST SCORE	POST-TEST SCORE	DIFFERENCE
Push-Ups			
Partial Curl-Up			
Prone Double Straight-Leg Raise			
Other:			
FLEXIBILITY	PRE-TEST SCORE	POST-TEST SCORE	DIFFERENCE
Sit-and-Reach			
Mobility			
Other:			
AEROBIC/ANAEROBIC CAPACITY	PRE-TEST SCORE	POST-TEST SCORE	DIFFERENCE
VO ₂ Max			
Anaerobic Capacity			
Other:			
OTHER	PRE-TEST SCORE	POST-TEST SCORE	DIFFERENCE
Other:			
Other:			