

FITNESS ASSESSMENT DATA SHEET



Client Name: _____

Date:	Date:
Age: Height:	Age: Height:
Weight:	Weight:
RHR: BP:	RHR: BP:
Bodyfat %: , ,	Bodyfat %: , ,
BMI: , ,	BMI: , ,
<i>Sit and Reach:</i> , ,	<i>Sit and Reach:</i> , ,
Circumferences(<i>inch</i>): Waist _____ Hip _____ Thigh (R) _____ (L) _____ Upper arms (R) _____ (L) _____ Other _____	Circumferences(<i>inch</i>): Waist _____ Hip _____ Thigh (R) _____ (L) _____ Upper arms (R) _____ (L) _____ Other _____
Additional:	Additional:
Progress Picture was Taken: YES NO	Progress Picture was Taken: YES NO
Next Assessment Date: _____	Next Assessment Date: _____
Trainer Int. _____ Client Int. _____	Trainer Int. _____ Client Int. _____

Date:	Date:
Age: Height:	Age: Height:
Weight:	Weight:
RHR: BP:	RHR: BP:
Bodyfat %: , ,	Bodyfat %: , ,
BMI: , ,	BMI: , ,
<i>Sit and Reach:</i> , ,	<i>Sit and Reach:</i> , ,
Circumferences(<i>inch</i>): Waist _____ Hip _____ Thigh (R) _____ (L) _____ Upper arms (R) _____ (L) _____ Other _____	Circumferences(<i>inch</i>): Waist _____ Hip _____ Thigh (R) _____ (L) _____ Upper arms (R) _____ (L) _____ Other _____
Additional:	Additional:
Progress Picture was Taken: YES NO	Progress Picture was Taken: YES NO
Next Assessment Date: _____	Next Assessment Date: _____
Trainer Int. _____ Client Int. _____	Trainer Int. _____ Client Int. _____

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Evaluation Dates:

1) DATE: _____ **2) DATE:** _____

3) DATE: _____ **4) DATE:** _____

	DATE	WT		DATE	WT
Start			20		
1			21		
2			22		
3			23		
4			24		
5			25		
6			26		
7			27		
8			28		
9			29		
10			30		
11			31		
12			32		
13			33		
14			34		
15			35		
16			36		
17			37		
18			38		
19			39		