GENERAL FITNESS ASSESSMENT

Client: _____ **Initial**_____ **Date:** _____

Trainer: _____ **Location:** _____

General Assessment:

Resting Heart Rate: _____ bpm

Resting Blood Pressure: _____/_____mmHg

Cardiovascular Assessment:

Test Completed:

- ❑ Walking Cardio Test
- ❑ Running Treadmill Test

Data/ Results:
See attached

Strength Assessment:

Push ups completed: _____ Health Benefit Zone: _____
Curl ups Completed: _____ Health Benefit Zone: _____

Flexibility Assessment:

Sit and Reach

Distance	Trial 1	Trial 2	Trial 3	Average	Health Benefit Zone
Score					

Goniometer testing

Joint	Trial 1	Trial 2	Trial 3	Average	Last Measure	Comparison

Notes/ Client Feedback:

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Follow Up Assessment: _____

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