



## Fitness Testing Record

Your First Name:		Your Surname:	
Your Address:			
Postcode:		Mobile Phone:	
Home Phone:		Work Phone:	
Your Email:			
Your Date Of Birth:		Your Age:	
Your occupation:		Sports being played:	
Male/Female:		Today's Date:	
Emergency Contact:		Their phone:	

MONTHLY FITNESS TESTS	TEST 1 DATE:		TEST 2 DATE:		TEST 3 DATE:	
	RESULTS	RATING	RESULTS	RATING	RESULTS	RATING
Resting heart rate						
Blood Pressure						
Weight						
BMI (W/H <sup>2</sup> )						
Waist to Hip Ratio						
Lying Hamstring						
Hip Flexor -Thomas						
Shoulder Flexion						
Sit and Reach						
Postural Concerns						
Recommendations:						
Cardiovascular Fitness: 10 minute Rowing Machine (Distance)						
Cardiovascular Fitness: 10 minute Cycling (Distance)						
Cardiovascular Fitness: 3 minute step ups (# completed)						
Cardiovascular Fitness: 3 minute Boxing (# hooks completed)						
Cardiovascular Fitness: Skipping rope (# of Consecutive jumps)						
Muscular Fitness: (# of Chin ups)						
Muscular Fitness: (# of Push ups)						
Muscular Fitness: (# of Squats)						
Core Strength: (Longest plank)						
Core Strength: (# of sit ups/crunches)						