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FITNESS ASSESSMENT

ANYFITNESS INC

Fitness Assessment Data Sheets

Name: _____ Date: _____

Phone number (Cell, work, home):

Date of birth: _____ Age: _____ Height: _____

Resting heart rate: _____ Resting BP: _____ Weight: _____

Orthopedic Limitations

Circumference Measurements

Neck: _____ Abdominal: _____ Waist: _____

Shoulder: _____ Hip: _____ Chest: _____

Thigh (Mid): _____ Arm: (L) _____ (R): _____

Body Composition

Percent bodyfat: _____ Pounds of fat: _____ Rating: _____

Muscular Endurance

Number of push-ups: _____ Rating: _____

Number of curl-ups: _____ Rating: _____

Flexibility (Modified Sit and Reach test) Best of three trials

Best Trial (inches): _____ Rating: _____

General Screening

Postural Screen: _____

Anterior Shoulder Flexibility: _____

Cervical ROM: _____

Resisted internal/external rotation: _____

Full Knee extension/flexion: _____

Single & Double knee to chest: _____