**Fitness Assessment Data Sheets**

Name: __________________________   Date: __________________

Phone number (Cell, work, home):
________________________________________________________________

Date of birth: _______________   Age: _________   Height: _______________

Resting heart rate: ____________   Resting BP: ____________   Weight: _________

**Orthopedic Limitations**

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**Circumference Measurements**

<table>
<thead>
<tr>
<th>Measurement</th>
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<th>Measurement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Neck</td>
<td>Abdominal</td>
<td>Waist</td>
</tr>
<tr>
<td>Shoulder</td>
<td>Hip</td>
<td>Chest</td>
</tr>
<tr>
<td>Thigh (Mid)</td>
<td>Arm (L)</td>
<td>Arm (R)</td>
</tr>
</tbody>
</table>

**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: ________________________________