

Fitness Testing Form

Initial Testing Date: _____ Follow Up Testing Date: _____

Age: _____ Gender: _____ Height: _____

Initial Resting Heart Rate: _____

Follow Up Resting Heart Rate: _____

Initial Blood Pressure: _____/_____

Follow Up Blood Pressure: _____/_____

Initial Weight: _____ Follow Up Weight: _____

Initial Body Composition: _____% Initial BMI: _____

Follow up Body Composition: _____% Follow Up BMI: _____

3-Minute Step Test: RPE 1 _____ RPE 2 _____ RPE 3 _____

Initial Recovery Heart Rate: _____

Follow Up Recovery Heart Rate: _____

Initial Push-Up Test: _____ Follow Up Push-Up Test: _____

Initial Crunch Test: _____ Follow Up Crunch Test: _____

Initial Sit and Reach Test: _____ = _____

Follow Up Sit and Reach Test: _____ = _____