

# FITNESS TEST FORM

Client name: DoB: Age: Date 1. 2. 3.

Pre-test screening: Y/N Contra-indications: Y/N  
Details:

Current objectives:

Height (m): \_\_\_\_\_ Weight (kg): 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_  
BMI: \_\_\_\_\_ Comments:

Body fat (mm): 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_  
Body fat (%): 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_  
Comments:

Blood pressure: 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_  
Comments:

Lung function test: 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_  
Comments:

Flexibility test: 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_  
Comments:

Strength test A: 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_  
Comments:

Strength test B: 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_  
Comments:

Strength test C: 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_  
Comments:

Power test: 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_  
Comments:

Aerobic test A: 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_  
Comments:

Aerobic test B: 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_  
Comments:

Positives:

Negatives:

Reviewed objectives:

Recommendations:

Client signature:  
Therapist signature:

Date:  
Date: