Fitness Assessment

Client name:_____ **Date:**_____ **Age:**_____

Sex:_____ **Assess #:**_____ **Trainer:**_____

Height:_____ **Weight:**_____

Body Fat 

Option #1 BIA

BF%:_____

Hydration level:_____

Option #2 SC.

Women	Men
Tri:	**Chest:**
Supra:	**ABD:**
Thigh:	**Thigh:**
Total:	**Total:**

Circumference Measurements

Waist/BB:_____ **Hips:**_____ **Shoulders:**_____ **Dom. Arm.**_____

Physical Assessments

OH Squat (5 reps)	Paloff Press (3 sets)	Pushing (3 sets)	Pulling (3 sets)
Notes:	**Notes:**	**Notes:**	**Notes:**

Physical Improvements

Client Name:_____ **Date:**_____

Initial Weight: _____

Current Weight:_____

Initial Body Fat Reading: _____

Current Body Fat Reading:_____

Initial Circumference Measurements

Waist/BB:_____ **Hips:**_____ **Shoulders:**_____ **Dom. Arm.**_____

Current Circumference Measurements

Waist/BB:_____ **Hips:**_____ **Shoulders:**_____ **Dom. Arm.**_____