

Fitness Assessment

Client name: _____ Date: _____ Age: _____

Sex: _____ Assess #: _____ Trainer: _____

Height: _____ Weight: _____

Body Fat



Option #1 BIA

Option #2 SC.

BF%: _____ Hydration level: _____	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:** _____



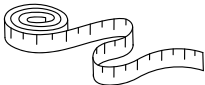
Initial Weight: _____

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.** _____