

# Virtual Fitness Assessment

Name: \_\_\_\_\_

Date: \_\_\_\_\_

DOB: \_\_\_\_\_

Gender: \_\_\_\_\_

Assess #: \_\_\_\_\_

Time: \_\_\_\_\_

Height: \_\_\_\_\_

Weight: \_\_\_\_\_

Body Fat %: \_\_\_\_\_

## Subjective Questions

Rate your confidence in your personal fitness.

ON A SCALE OF 1 TO 10

1 2 3 4 5 6 7 8 9 10

\_\_\_\_\_

Rate your confidence in your personal nutrition.

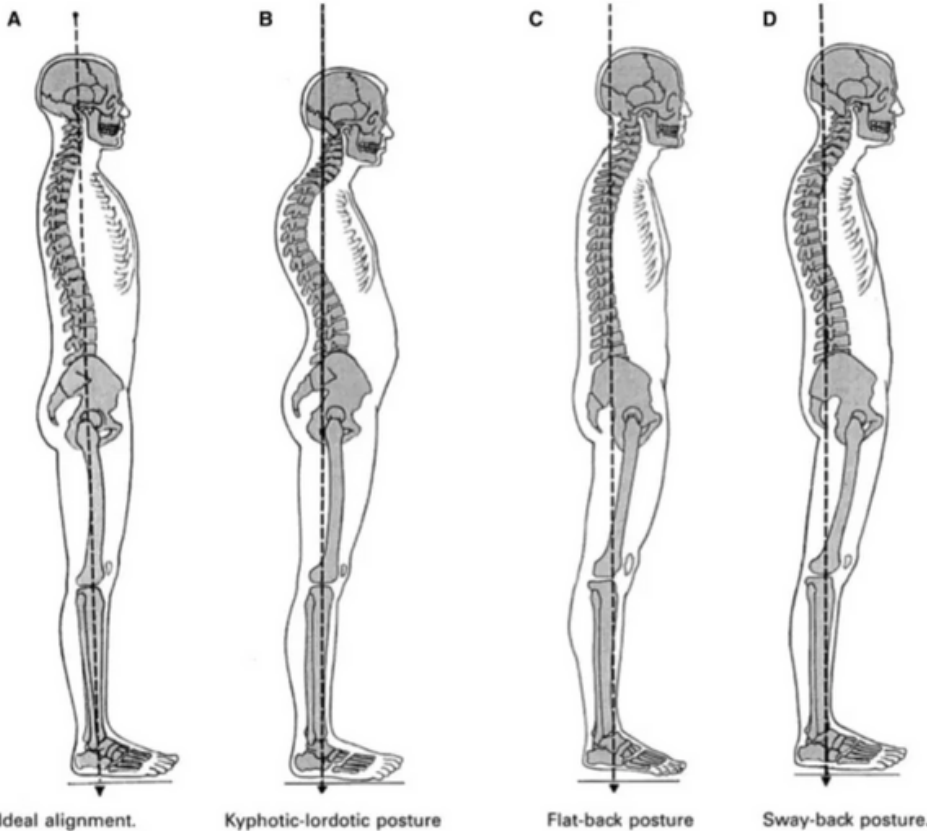
ON A SCALE OF 1 TO 10

1 2 3 4 5 6 7 8 9 10

\_\_\_\_\_

## Posture Analysis

## Notes



\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# Movement Screen

## Front View


## Over Head Squat



## Side View


## Toe Touch





## Full Kneeling





## Physical Tests

Maximal Wall Sit time: \_\_\_\_\_

Push-Ups: \_\_\_\_\_ reps to failure (females=kneeling | males=full)

Maximal Plank time: \_\_\_\_\_