

Fitness Assessment

Name: _____

Date: _____

DOB: _____

Gender: _____

Assess #: _____

Admin: _____

Height: _____

Weight: _____

Body Fat

Tri. _____

Chest _____

Mid ax. _____

Sub Scap. _____

Abd. _____

Suprailium _____

Thigh _____

Circumference Measurements in inches:

Neck _____

Shoulders _____

Chest _____

Waist _____

Hips _____

Right Thigh _____

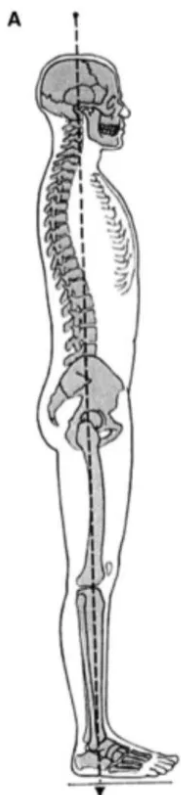
Right Upper Arm _____

Left Thigh _____

Left Upper Arm _____

Posture Analysis

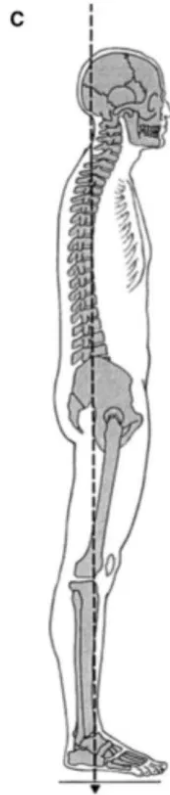
Notes



Ideal alignment.



Kyphotic-lordotic posture



Flat-back posture



Sway-back posture.

Movement Screen

TEST	RAW SCORE	FINAL SCORE	COMMENTS
DEEP SQUAT			
HURDLE STEP	L		
	R		
INLINE LUNGE	L		
	R		
SHOULDER MOBILITY	L		
	R		
IMPINGEMENT CLEARING TEST	L		
	R		
ACTIVE STRAIGHT-LEG RAISE	L		
	R		
TRUNK STABILITY PUSHUP			
PRESS-UP CLEARING TEST			
ROTARY STABILITY	L		
	R		
POSTERIOR ROCKING CLEARING TEST			
TOTAL			

Physical Tests

3-Minute Step Test: _____ bpm (immediately post-step)

1 minute calorie burn on Air Dyne _____ or Maximal Wall Sit time: _____

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

Maximal Plank time: _____