Physical Fitness Form For Students

**Student Information**

* **Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
* **Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_\_\_**
* **Gender: M ☐ F ☐ Other ☐**
* **School Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
* **Grade: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Medical History**

* **Do you have any chronic illnesses? Yes ☐ No ☐**
  + **If yes, please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
* **Any known allergies? Yes ☐ No ☐**
  + **If yes, please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
* **Current medications: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Physical Activity Readiness**

* **Do you experience chest pain during physical activity? Yes ☐ No ☐**
* **Do you often feel faint or have spells of severe dizziness? Yes ☐ No ☐**
* **Are you currently under a doctor's care for an injury or illness? Yes ☐ No ☐**
  + **If yes, please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Physical Fitness Assessment**

| **Test** | **Score** | **Date** | **Evaluator's Signature** |
| --- | --- | --- | --- |
| Push-ups |  |  |  |
| Sit-ups |  |  |  |
| Mile Run |  |  |  |
| Flexibility (Sit and Reach) |  |  |  |

**Student Declaration**  
I hereby declare that the information provided above is accurate and true to the best of my knowledge.

* **Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_\_\_**