

# 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:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_