**Physical Fitness Form with Answer**

horizontal line

**Student Information**

* **Name:** John Doe
* **Date of Birth:** 03 / 15 / 2006
* **Gender:** M ☐ F ☑ Other ☐
* **School Name:** Lincoln High School
* **Grade:** 10th Grade

**Medical History**

* **Do you have any chronic illnesses?** Yes ☐ No ☑
* **Any known allergies?** Yes ☑ No ☐
  + If yes, please specify: Penicillin
* **Current medications:** None

**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 ☑

**Physical Fitness Assessment**

* **Height:** 5'6" **Weight**: 130 lbs **BMI**: 21
* **Vision**: Right: 20/20 Left: 20/20

| **Test** | **Score** | **Date** | **Evaluator's Signature** |
| --- | --- | --- | --- |
| **Push-ups** | 25 | 04/05/24 | Dr. Smith |
| **Sit-ups** | 30 | 04/05/24 | Dr. Smith |
| **Mile Run** | 8 minutes | 04/05/24 | Dr. Smith |
| **Flexibility (Sit and Reach)** | 15 inches | 04/05/24 | Dr. Smith |

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

* **Signature:** John Doe Date: 04 / 07 / 2024