

# Physical Fitness Form with Answer

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## 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
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<b>Push-ups</b>	25	04/05/24	Dr. Smith
<b>Sit-ups</b>	30	04/05/24	Dr. Smith
<b>Mile Run</b>	8 minutes	04/05/24	Dr. Smith
<b>Flexibility (Sit and Reach)</b>	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