

Basic Fitness Assessment PDF

Participant Information:

- Name: _____
- Age: _____ Gender: _____
- Contact Info: _____

Health and Lifestyle:

- Any known health issues? Yes No
 - If yes, explain: _____
- Current medications: _____
- Lifestyle (e.g., sedentary, active): _____

Fitness Objectives:

- Main fitness goals: _____

Current Exercise Routine:

Type of Exercise	Frequency (per week)	Duration
Aerobic		
Strength Training		
Flexibility		
Other		

Measurements:

- Weight: _____
- Height: _____
- BMI: _____

Fitness Testing:

Test	Score	Target
Push-ups		
Sit-ups		
Running (1 mile)		
Flexibility (reach)		

Trainer Feedback:

Participant Signature:

- Signature: _____
- Date: _____