
Fitness Assessment Form

Personal Information:

- Name: _____
- Age: _____ Gender: _____
- Contact Number: _____
- Email Address: _____

Health Information:

- Do you have any chronic illnesses or conditions? Yes No
 - If yes, please specify: _____
- Are you currently taking any medications? Yes No
 - If yes, please list: _____
- Do you have any injuries or limitations? Yes No
 - If yes, please describe: _____

Fitness Goals:

- What are your primary fitness goals? (e.g., weight loss, muscle gain, improve endurance)

Current Physical Activity Level:

Activity Type	Frequency (times per week)	Duration (minutes)

Cardiovascular	_____	_____
Strength Training	_____	_____
Flexibility/Stretch	_____	_____
Other (specify)	_____	_____

Assessment Results:

- **Weight:** _____ lbs
- **Height:** _____ ft/in
- **Body Mass Index (BMI):** _____

Fitness Tests:

Test	Result	Comments
Push-ups (reps)	_____	_____
Sit-ups (reps)	_____	_____
1-mile run (time)	_____	_____
Flexibility (reach)	_____	_____

Trainer's Notes:

Client's Signature:

- **Signature:** _____

• **Date:** _____