

Fitness Assessment Form with Answer

Client Information:

- Name: _____
- Age: _____ Gender: _____
- Phone: _____
- Email: _____

Medical History:

- Do you have any medical conditions? Yes No
 - If yes, please describe: _____
- Current medications: _____
- Previous injuries: _____

Goals:

- What do you hope to achieve with this fitness program?

Activity Levels:

Activity	Frequency	Duration
Cardio		
Weight Training		
Flexibility		
Other		

Assessment Data:

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

Fitness Evaluation:

Test	Result	Goal
Push-ups		
Sit-ups		
1-Mile Run		
Flexibility		

Additional Notes:

Trainer's Signature:

- **Name:** _____
- **Signature:** _____
- **Date:** _____