

# Personal Trainer Fitness Assessment Form

## Client Details:

- Name: \_\_\_\_\_
- Age: \_\_\_\_\_ Gender: \_\_\_\_\_
- Phone Number: \_\_\_\_\_
- Email: \_\_\_\_\_

## Health Background:

- Do you have any medical conditions?  Yes  No
  - If yes, please specify: \_\_\_\_\_
- Are you on any medications?  Yes  No
  - If yes, list them: \_\_\_\_\_
- Past injuries or surgeries: \_\_\_\_\_

## Goals:

- What are your fitness goals? (e.g., lose weight, build muscle)

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## Exercise Routine:

Exercise Type	Frequency	Duration
Cardio		

<b>Strength</b>		
<b>Flexibility</b>		
<b>Other</b>		

**Body Measurements:**

- **Weight:** \_\_\_\_\_
- **Height:** \_\_\_\_\_
- **BMI:** \_\_\_\_\_

**Physical Tests:**

<b>Exercise</b>	<b>Result</b>	<b>Goal</b>
<b>Push-ups</b>		
<b>Sit-ups</b>		
<b>1-Mile Run</b>		
<b>Flexibility (reach)</b>		

**Trainer's Observations:**

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**Client Agreement:**

- **Client Signature:** \_\_\_\_\_

- Date: \_\_\_\_\_

**Trainer's Signature:**

- Name: \_\_\_\_\_
- Signature: \_\_\_\_\_
- Date: \_\_\_\_\_