Atrium Health Wake Forest Baptist

FITNESS ASSESSMENT FORM

NAME: _____ M/F AGE: _____ DOB_____

HEIGHT: _____ WEIGHT: _____

TESTING DATE: _____ FOLLOW-UP DATE: _____ GOALS: _____

VITALS

RHR: ____ PRE O2%_____ PRE BP: _____

BODY COMPOSITION (BIA)

STARTING BODY FAT% _____ NON-FAT MASS_____ 12 WEEK BODY FAT%_____

CIRCUMFERENCE: (in) FOREARM: _____ BICEP: _____ WAIST: _____ HIP: ____ THIGH: ____ CALF:_____TOTAL:_____

STRENGTH/ENDURANCE

1RM: CHEST PRESS_____ VERTICAL TRACTION_____ LEG PRESS_____

SIT TO STANDS (30 SECS) _____ BICEP CURLS (30 SECS) _____L/R_____ HAND GRIP: L___ ___ ___ R___ ___ ___

FLEXIBILITY/BALANCE

SLB_____L/R_____ CHAIR SIT AND REACH (IN) _____L/R _____ SIT AND REACH_____ _____

CARDIOVASCULAR

8 Feet Up and Go: Time 1: ____ Time 2:_____ Time 3:_____

6-minute walk test

	O2%	HR
1 min		
2 min		
3 min		
4 min		
5 min		
6 min		
Cool Down		
1 min		
2 min		

WALK TEST RESULTS_____

(1 lap= 330ft.)

Total laps*330+ft= Total Ft.

Submax Treadmill Test

SPD/INCL	HR	RPE	BP

VO2 RESULTS_____

Fitness Assessment Form

Name: _____ Assessment Date: _____

I understand that I will undergo certain fitness tests as they pertain to my particular goals. The testing procedures as well as risk/complications have been explained to me by an Exercise Physiologist. I understand the fitness assessment is not intended to replace any medical screening that may be necessary for my participation at The Fitness Center. The information obtained will be treated as privileged and confidential and will not be released or revealed without my written consent. I voluntarily agree to submit to such assessments and to assume all risk associated with my participation.

_____ _____

Participant's Signature Date

OPT OUT

It is my decision to not perform any and/or all of the physical screens and assessments. It is my choice to enroll into The Fitness Center without participating in said assessments and begin exercise devoid of this information.

_____ _____

Participant's Signature Date

Turn over