

FITNESS ASSESSMENTS

NAME: _____

AGE: _____

MEASUREMENTS

<u>SITES</u>	<u>TRIAL #1 FEB</u>	<u>TRIAL #2 APRIL</u>	<u>TRIAL #3 JUNE</u>
Chest			
Upper Arm RT/LT			
Waist			
Hips			
Upper Leg RT/LT			

BODY COMPOSITION

<u>SITES</u>	<u>TRIAL #1 FEB</u>	<u>TRIAL #2 APRIL</u>	<u>TRIAL #3 JUNE</u>
Triceps (back of arm)			
Upper Arm/Bicep			
Waist			
Hips			
Subscapula (shoulder blade)			
Upper Thigh			

WEIGHT (Optional)

FEBRUARY _____

APRIL _____

JUNE _____

TEST	FEBRUARY	APRIL	JUNE
Sit-ups (1min)			
Push-ups (total #)			
Flexed Arm Hang			
Bench Press (bar)			