

Elite Health & Fitness Training, Inc.

FITNESS ASSESSMENT

Client Name: _____

Height: _____ Clothes Worn for Fitness Evaluation: _____

Health Screening

Date Date Date Date Date Date Date Date
 / / / / / / / / / / / / / / / / / / / / / / / /

Blood Pressure								
Resting Heart Rate								
Smoking Status								
Body Fat %								
Body Fat (lbs)								
Body Weight (lbs)								
Body Mass Index (BMI)								
BMI Classification								
Cardio HR Range								
Cardio Target HR								
Age At Test Date								

Circumference Measurements (cm)

Upper Arm ↑								
Chest								
Shoulders								
Abdomen								
Hip ↑								
Thigh ↑								
Calf ↓								