

# Form 7

Permission to reproduce this form has been granted to IFPA certified personal trainers only.

## Fitness Testing Results Form

CLIENT \_\_\_\_\_ AGE \_\_\_\_\_ WEIGHT \_\_\_\_\_

Performed on \_\_\_\_ / \_\_\_\_ / \_\_\_\_ at \_\_\_\_\_ by \_\_\_\_\_

Cardiovascular	Resting	Maximum	THR/TBP	Comments
Heart Rate				
Blood Pressure				

Anthropometrics (in inches)				Comments	
Arm (L/R)		Bust/Chest		Abdominal	
Buttocks		Calf (L/R)		Thigh (L/R)	

Fat Percentage Analysis (in millimeters)				Comments	
Suprailiac		Sub- scapular		Triceps	
				Biceps	

Flexibility Measurements			Comments
Shoulder Elevation		Back Ext.	
Sit and Reach			

Muscular Endurance (#reps/resistance)			
Sit-ups (01min/02min)		Quadriceps	
Push-ups (hand-width___)		Abductors	
Hamstrings		Adductors	

Muscular Strength (#reps/resistance)			
Leg Press		Bench Press	
Pull-down		Upright Row	

Miscellaneous Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_