FITNESS ASSESSMENT FORM

Suraj Nishani (Certified fitness coach)

Name : _____

Age : ____

Weight : _____

Assessment Date : _____

Personal Goals

What are the main goals you would like to achieve regarding health & fitness

- ◯ Muscle building
- ◯ Fat loss
- ◯ General fitness

How important are your goals?

- ◯ Low
- ◯ Moderate
- ◯ High
- ◯ Extremely high

By when do you want to achieve your goals?

- ◯ 1month
- ◯ 3month
- ◯ 6month
- ◯ 1year

Lifestyle

- ◯ Regular exercise
- ◯ Adequate sleep
- ◯ Smoking
- ◯ Healthy diet
- ◯ Hydration

Flexibility

Sit & reach	
Shoulders behind the back stretch	

Endurance & Core

Jumping jacks	
Low plank	

Strength

Push ups	
Squats	

Mobility & Stability

Single leg raise	
Reverse lunges	

Main Workout

Machine chest press	
Lat pull down	
Biceps db curls	
Leg extensions	

Client signature : _____

Trainer signature : _____

Health History Form

Name_____ Date_____
Age_____ Sex M ( ) F ( )

1) Are you taking any medications or drugs? If so, please list medication, dose, and reason.

_____

_____

2) Does your physician ask you to inform him before participating in the exercise program?

_____

_____

3) Describe any physical activity you do somewhat regularly.

_____

_____

4) Answer the following health questionnaire in Yes or No

		YES	NO
1.	History of heart problems, chest pain, or stroke		
2.	High blood pressure		
3.	Any chronic illness or condition		
4.	History of heart problems in immediate family		
5.	Hernia, or any condition that may be aggravated by lifting weights		
6.	Recent surgery (last 12 months)		
7.	Pregnancy (now or within last 3 months)		
8.	History of breathing or lung problems		
9.	Muscle, joint, or back disorder, or any previous injury still affecting you		
10.	Diabetes or thyroid condition		
11.	Cigarette smoking habit/status		

Please explain any "yes" answers on the blank space. (Comments)
Comments:

_____

_____

_____

_____

All the above information is true to my knowledge and I bond to inform the fitness center/instructor whenever there is change in my health status.

Name of the client-_____ Signature _____