FITNESS ASSESSMENT

NAME: DATE: AGE:

SEX: MALE ☐ FEMALE ☐ ADMIN:

HEIGHT: FITNESS GOAL:

WEIGHT:

1. History of heart problems, chest pain or stroke	☐	☐
2. Increased blood pressure	☐	☐
3. Any chronic illness or condition	☐	☐
4. Difficulty in physical exercise Ectomorphs	☐	☐
5. Advice from physician not to exercise	☐	☐
6. Recent surgery {last 12 months}	☐	☐
7. Pregnancy {now or within last 3 months}	☐	☐
8. History of breathing difficulty or lung problems	☐	☐
9. Muscle, joint or back disorder, or any previous injury	☐	☐
10. Diabetes or thyroid condition	☐	☐
11. Obesity {more than 20% over ideal body weight}	☐	☐
12. Increase blood cholesterol	☐	☐
13. History of heart problems in immediate family	☐	☐

14. Hernia or any condition that may be aggravated by lifting weights ☐ ☐

15. Do you frequent falls/lose consciousness/balance ☐ ☐

16. Cigarette smoking habit ☐ ☐

17. Any bone fracture ☐ ☐

18. Do you consume alcohol

Regular ☐ Weekly ☐ Occasional ☐

19. Stress level

Low ☐ Moderate ☐ High ☐

20. Body type

Mesomorphs ☐ Endomorphs ☐ Ectomorphs ☐

21. Foot type

Flat foot ☐ Arch foot ☐