

NAME: _____

	<u>TEST 1</u>	<u>TEST 2</u>	<u>TEST 3</u>	<u>TEST 4</u>
DATE	_____	_____	_____	_____
RESTING HEART RATE	_____	_____	_____	_____
BLOOD PRESSURE	_____	_____	_____	_____
HEIGHT	_____	_____	_____	_____
WEIGHT	_____	_____	_____	_____
% FAT	_____	_____	_____	_____
FAT WEIGHT	_____	_____	_____	_____
LEAN WEIGHT	_____	_____	_____	_____
BODY MASS INDEX	_____	_____	_____	_____
MEASUREMENTS				
BICEP (RIGHT/LEFT)	_____	_____	_____	_____
CHEST	_____	_____	_____	_____
WAIST	_____	_____	_____	_____
HIP	_____	_____	_____	_____
THIGH (RIGHT/LEFT)	_____	_____	_____	_____
WAIST/HIP RATION	_____	_____	_____	_____
TOTAL	_____	_____	_____	_____
6' WALK/RUN				
FEET	_____	_____	_____	_____
MPH	_____	_____	_____	_____
EXERCISE HEART RATE	_____	_____	_____	_____
RPE	_____	_____	_____	_____
MPH	_____	_____	_____	_____
METS	_____	_____	_____	_____