

NAME _____ CLASS _____ DATE _____

Personal Information

Beginning of Class Evaluation

Age _____
 Height _____
 Weight _____
 RHR _____

End of Class Evaluation

Age _____
 Height _____
 Weight _____
 RHR _____

Your Health-related Fitness Test Evaluation

FITNESS TEST	Health Fitness Standard	First Test Score Date:	Second Test Score Date:	Third Test Score Date:	Final Test Score Date:	Improvement: Test Changes
Cardiorespiratory						
1 mile run						
Pacer						
1 mile walk						

Flexibility

Sit and Reach						
Shoulder stretch						

Muscular Strength and Endurance

Curl-ups						
Modified push-ups						
90 degree push-ups						
Flexed arm hang						
Pull-ups/modified pull-ups						
Trunk Lift						

Body Composition

Skinfold: Triceps						
Calf						
Sum of triceps and calf						
Body fat percentage						
BMI						
Waist Circumference						