



Kia ora!

This document is to be used to record your client's results fitness testing results.

GENERAL

Client Name: _____

Date: _____

Resting Heart Rate: _____

Blood Pressure: _____

BODY COMPOSITION

Site	#1	#2	#3	Final
Bicep				
Tricep				
Subscapula				
Suprailiac				
Total Sum of Skinfolts (TSS)				

Weight	
Height	
BMI	
Total Sum of Skinfolts	
% Bodyfat	
Fat Weight	
Lean Body Weight	



GIRTHS

Biceps:

Hips:

Chest:

Calf:

Waist:

Upper Thighs:

MOBILITY

Sit and Reach:

FMS Overhead Squat:

PERFORMANCE

Watt Bike, 3-Minute Max Test:

Harvard Step Test:

Strength Test:

Power Test:

Other: