

Fitness Assessment Measurements

*Bi-weekly or Monthly checks

Age:

Client:

	Date:	Date:	Date:	Date:	Date:	Date:
Weight						
Height						
Resting Heart Rate						
BMI						
Body Fat %						
Blood Pressure						
Chest						
Right Bicep						
Left Bicep						
WC						
Hips (medial gluteus)						
Medial R thigh						
Medial L thigh						
Right Calf						
Left Calf						