

DIXIE STATE COLLEGE FITNESS CENTER

Fitness Assessment

Date _____

Last Name _____ First Name _____ SS# _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Business Phone _____

Birthdate ____/____/____ Sex (M/F) _____ Course _____ Section _____

Height _____

Weight _____

Resting Heart Rate _____

Resting Blood Pressure _____

Anthropometric Measurements

Chest _____ Abdominal _____ Waist (umbilicus) _____

Hips _____ Right Mid-Arm _____ Left Mid-Arm _____

Right Gluteal Fold _____ Right Mid-Thigh _____

Left Gluteal Fold _____ Left Mid-Thigh _____

Skinfold Measurements

Female:

Triceps: _____ Avg. _____

Iliac: _____ Avg. _____

Thigh: _____ Avg. _____

Sum: _____ % Fat _____

Male:

Chest: _____ Avg. _____

Abdominal: _____ Avg. _____

Thigh: _____ Avg. _____

Sum: _____ % Fat _____

Flexibility

Sit and Reach (low back & Hamstrings):

Trial 1 _____ Trial 2 _____ Trial 3 _____ Best Effort _____

Rating: _____

Cardiorespiratory Evaluation

3 Minute Step Test:

1 Minute Recovery Heart Rate _____

Rating: _____

Muscular Endurance Evaluation

1 Minute Sit-Up Test:

Number of Sit-Ups _____

Rating _____

Push-Up Test:

Number of Push-Ups _____

Rating _____

Muscular Strength Evaluation

Chest Press:

Weight _____
(12.5lbs/plate)

Repetitions _____

Max: _____

Ratio _____

Rating _____

Leg Press:

Weight _____
(20lbs/plate)

Repetitions _____

Max: _____

Ratio _____

Rating _____