

Client Assessment Form

Name: D.O.B :

Goal's :

Pre-participation Notes:

Test	Result	Result	Result	Result
Date				
Static Assessments				
Height (m)				
Weight (kg's)				
RHR				
Blood Pressure				
Skinfold Biceps				
Triceps				
S'scapular				
Suprailiac				
Total				
B.F %				
B.M.I				
Circumference Measurement's				
Arms				
Chest				
Waist				
Abdomen				
Hips				
Thighs				
Lung Function-PEF				

Comment's:

Independent. Qualified. Professional.