## EXERCISE PROGRAMME FOR SLIMMING

NAME:				STA	RT DATE:					
DOB:				M'S	HIP NO:					
OBJECTIVES:				INS	TRUCTOR: .					
WARM UP		5 MIN	IUTES	INC	REASES HEA	RT RATE	& MOBIL	ISE THE JOINTS		
STRETCH		6-10 SE	CONDS	HELPS REDUCE RISK OF INJURY & IMPROVES FLEXIBILITY						
CARDIOVASCUL	AR TRAINING	30- 60 MINUTES		TARGET HR ZONE bpm):						
FAT BURN HR ZO	NE (bpm):			CARDIC	) TRAINING I	HR ZONE	(bpm):			
		CAI	RDIOVASC	ULAR TRA	AINING					
EXERCISE	SEAT	PROGRAMME		LEVEL		TIME (mins)		HR (bpm)		
						30- 60		50%- 70% HRmax		
	5									
			STRETCH:	As per gı	uide					
			RESISTAN	CE TRAIN	ING					
EXERCISE		SEAT	REPS	SETS	WEIGHT P	ER SET	(	COMMENTS		
Dumbbell chest press			15	3						
Cable	erow		15	3	t d					
Arm roll			2	3			2 on both clockwise and and clockwise direction			
Squat (with boo	dy weight only)		max	-2		[				
Cru	nch	1	max	2						
Oblique	crunch		max	2						
Gluteus	kick back		15	2						
				66545						
		28 <del>7</del>								
			СПІ	ΙΔΝ						
		9								
			(	Sna		1				
			3	2 P C	• {{					
COOL DOWN	5 MINUTES		DECR	EASES HE	ART RATE &	BODY TI	MPERAT	TURE		
STRETCH	10-15 SECONDS	HELPS REDUCE MUSCLE SORENESS / STIFFNESS & IMPROVES FLEXIBILITY								

"The physically fit can enjoy their vices"

Lord Percival

## FITNESS ASSESSMENT RECORD

OBJECTIVES: please circle			
TONING / FIRMING	MUSCLE BUILDING	WEIGHT LOSS	WEIGHT GAIN
GENERAL FITNESS	STRESS REDUCTION	ENERGY INCREASE	<b>RELAXATION / WELLBEING</b>

PARQ: medical profile								
Please tick	Yes	No	o Please tick		No	Please tick	Yes	No
Heart Condition			Joint Problems			Pregnancy		
Chest Pains			Asthma			Recent Delivery		
High BP			Back Problems			Hernia		
Bone Problems			Smoker			Recent Surgery		
ANY OTHER MEDICAL CONDITION: please specify						Yes	No	

I hereby declare that I am physically fit and neither Chuan Spa nor Fitness Instructor shall be responsible for any accident and or injuries arising from my use of the facilities and services in the premises.

Date: .....

Signed: .....

PHYSICAL ASSESSMENT		
DATE:		
INSTRUCTOR:		

		GOA	L	INITIA	L.	FOLLO	OW UP	FOLLOW	V UP
RESTING HR	(bpm)								
BP	(mmHg)				1				
HEIGHT	(cm)								
WEIGHT	(kg)								
BODY MASS INDEX (B	MI)		6		COCMP 1				
% BODY FAT									
LUNG CAPACITY	FVC								
LUNG STRENGTH	FEV 1								
	<b>T</b> C			S (A					
BODY MEASUREMEN	15:						·		
Triceps (cm)		(r)	(1)	(r)	(1)	(r)	(1)	(r)	(1)
Biceps (cm)		(r)	Ø	H(r)		(r)	(1)	(r)	(1)
Chest (cm)									
Waist (cm)				S	าล	All P			
Hips (cm)				- T					
Thighs (cm)		(r)	(1)	(r)	(1)	(r)	(1)	(r)	(1)
REC. FITNESS TEST	Activity								
Healthy Individuals	Recovery								
SIT & REACH SCORE									