

NAME: ..... START DATE:.....

DOB: ..... M'SHIP NO: .....

OBJECTIVES: ..... INSTRUCTOR: .....

**“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	RELAXATION / WELLBEING

### PARQ: medical profile

Please tick	Yes	No	Please tick	Yes	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:			

	GOAL	INITIAL	FOLLOW UP	FOLLOW UP
RESTING HR (bpm)				
BP (mmHg)				
HEIGHT (cm)				
WEIGHT (kg)				
BODY MASS INDEX (BMI)				
% BODY FAT				
LUNG CAPACITY FVC				
LUNG STRENGTH FEV 1				

BODY MEASUREMENTS:									
Triceps (cm)	(r)	(l)	(r)	(l)	(r)	(l)	(r)	(l)	
Biceps (cm)	(r)	(l)	(r)	(l)	(r)	(l)	(r)	(l)	
Chest (cm)									
Waist (cm)									
Hips (cm)									
Thighs (cm)	(r)	(l)	(r)	(l)	(r)	(l)	(r)	(l)	
REC. FITNESS TEST	Activity								
Healthy Individuals	Recovery								
SIT & REACH SCORE									