

Perfect Fit



**Personal Training™ &
Get Fit "Boot" Camp™**

Fitness Evaluations

Name _____ *DOB* _____ *Age* _____

Height _____ *Weight* _____ *Body Fat %* _____ *BMI* _____

Circumference Measurements

Chest _____ *Waist* _____ *Hips* _____

Testing Dates _____

Squats
60 Second _____

Push Ups
60 Second _____

Curl Ups
60 Second _____

Wall Sit
Total Time _____

Plank
Total Time _____

Flexibility
Sit and Reach _____