



ASSESSMENT CARD

Date:

Client Name:

Trainer Name:

MEASUREMENTS						
	START	RE-EVAL #1	RE-EVAL #2	RE-EVAL #3	RE-EVAL #4	RE-EVAL #5
DATE:						
Weight (lbs)						
Resting Heart Rate (bpm)						
BODY FAT (SKINFOLD)						
Target Body Fat %						
Bicep (mm)						
Tricep (mm)						
Subscapular (mm)						
Suprailiac (mm)						
CIRCUMFERENCES						
Neck (in)						
Chest (in)						
Waist (in)						
Hip (in)						
Bicep (in)						
Forearm (in)						
Thigh (in)						
Calf (in)						
V02MAX						
Walk Time (hr:min:sec)						
Walk Heart Rate (bpm)						
OVERHEAD SQUAT						
Foot Turns Out						
Knee Moves Inward						
Knee Moves Outward						
Excessive Forward Lean						
Low Back Arches						
Low Back Rounds						
Arms Fall Forward						
Forward Head						
Feet Flatten						
Asymmetrical Weight Shift L						
Asymmetrical Weight Shift R						
Shoulder Elevation						