

SPARTANfit

FITNESS & WELLNESS PROGRAM

At-Home Screening Data Form

Test Date ____/____/____

Name: _____ Student I.D. # _____

E-mail: _____ Birth date: ____/____/____

Please check one: Male ____ Female ____ Age: _____

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RESTING MEASUREMENTS

Height _____ in.

Weight _____ lbs.

Resting HR _____

EXERCISE MEASUREMENTS

Walk Test ____/____ HR _____
Min. Sec.

Muscular Endurance Measurement: **Push-ups** _____

Sit ups _____

(1 min ACSM)

(1 min YMCA)

Male: Standard
Females: Modified

Flexibility Measurement: **Sit & Reach**; _____ in.

(start at 15 inches toe point)