

Medical-Fitness Chart

Client Profile

Name: _____ Date: ____/____/____

Phone #: _____ Email: _____

Screening: 1. ____ 2. ____ 3. ____ = NO YES Medical Clearance: _____

Gender: M F Age: _____ Date of Birth: ____/____/____ Informed Consent: _____

Weight-Related Health Risk Analysis

Height: ____' ____" = ____" Weight: _____ Waist: ____" WHR: _____

BMI: _____ Category: _____ TW: _____ POW: _____

____ Chronic Conditions Nutrition Plan: _____

Baseline Fitness Tests

____ Track ____ Treadmill Time: _____ Distance: _____ Score: _____%

____ Squats (3min) Reps: _____ Score: _____%

____ Leg-Raises (2min) Reps: _____ Score: _____%

____ Push-Ups (1min) Reps: _____ Score: _____%

____ Inverted Rows (1min) Reps: _____ Score: _____% Score: _____%

Total Fitness Score: _____%

Exercise Rx: _____ minutes

Walk/Jog ____ mile/10min + ____ **Squats** + ____ **Leg-Raises** + ____ **Push-Ups** + ____ **Rows**

Start: ____ sessions/day, ____ days/week, gradually increase to **Goal:** ____ sessions/day, ____ days/week

____ **Aerobic Training Log** ____ **Strength Training Log**

____ Med-Fit Training Sessions

1. ____/____ 2. ____/____ 3. ____/____ 4. ____/____

Follow-Up Consult: _____ Weeks = Date: ____/____/____

Follow-Up Assessment: _____ Weeks = Date: ____/____/____