

Fitness Test Recording

Name: _____
 Birthday: _____
 Teacher: _____

Period: _____
 Age: _____ (as of March 1st)
 Student ID: _____

Spring Teacher: _____

Period: _____

Test	Healthy Fitness Zone	Goal	Fall Pretest	Fall Final	Spring Pretest	Spring Final
Mile	—					
VO ₂	—					
Height Weight	—		Height- Weight-	Height- Weight-	Height- Weight-	Height- Weight-
BMI	—					
Curl-ups	—					
Trunk Lift	—					
Push-ups	—					
Shoulder Stretch	Hands touching on both sides	pass	Right Left	Right Left	Right Left	Right Left

Personal Best

	Mile	Pacer	BMI	Curl-ups	Trunk Lift	Push ups	Sit n Reach
Semester 1							
Semester 2							



