## **Senior Fitness Functional Assessment**

## **Personal Information**

Full Name			
Date of Birth			
Age			
Assessment Date			
Medical & Health H	listory		
Relevant Medical Conditions			
Medications			
Assistive Devices Used			
Functional Assess	ment		
Test	Result	Notes	
Chair Stand Test (30 sec.)			
Arm Curl Test (30 sec.)			
2-Minute Step Test			
Chair Sit-and-Reach			
Back Scratch Test			
8-Foot Up-and-Go			
Balance Test			

## **Summary & Recommendations**

Observations	
Recommendations	
ACCOMMINE INCLUDING	