

Employee Physical Fitness Assessment Form

Employee Name

Employee ID

Department

Date

Age

Gender

☐ Male ☐ Female ☐ Other

Height (cm)

Weight (kg)

Assessment Parameters

Blood Pressure

Resting Heart Rate (bpm)

Flexibility (e.g. sit and reach)

Strength (e.g. push-ups in 1 min)

Endurance (e.g. 1.5-mile run time)

General Health Questions

☐ History of chronic medical conditions ☐ Recent illness or injury ☐ Currently taking medication

Comments / Recommendations

Assessor Name

Assessor Signature