

Gym Member Initial Fitness Assessment Form

Personal Information

Full Name

Date of Birth

Sex

Phone

Email

Health & Medical History

Current or past medical conditions

Medications

Injuries/Surgeries

Allergies

Family physician name & contact

Lifestyle & Fitness Habits

Current physical activity level

Typical forms of exercise

Exercise frequency per week

Fitness goals

Challenges/Barriers to exercise

Measurements

Height

Weight

BMI

Waist Circumference

Hip Circumference

Body Fat %

Fitness Assessment

Cardiovascular Test Result

Strength Test Result

Flexibility Test Result

Other Assessments / Notes

--