

Fitness Assessment Report

(courtesy of CrossFit South Bell)

Date:	Client Name:	Trainer Name:
Age:	Height:	Weight:

Medications:
Supplements:
Feeling with exercise:
Injury History:

Goals and Nutrition (10-15 minutes)

Goals and Objectives 1. 2. Why are these important to you? Are you interested in focusing on nutrition to reach the goals you've set?	Yesterday's Meals Breakfast: Time: Snack: Time: Lunch: Time: Snack: Time: Dinner: Time: Hydration: <i>Sleep (hrs per night):</i>
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Circumference Measurements (in): ACSM Measure on Clients Right Side (5 minutes)

Bicep_____	Forearm_____	Chest_____	Waist_____	Abdomen_____
Hips_____	Thigh _____	Calf _____		

<u>Introductory WOD</u> (15-20 minutes) Warmup: Mobility drills 200m Run 10 Air squats 10 Pushups 10 Ring rows 10 Situps WOD: 3 Rounds for Time 200m Run 15 Wallball shots 15 Ring Rows 15 Pushups Score:	<u>Trainer notes:</u> <u>Recommendations:</u> <u>Package prescription</u> (5-10 minutes): <ul style="list-style-type: none">• <i>Registration and how to sign up for classes online (schedule overview)</i>• <i>New member photo</i>
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