

BIO | ANALOGICS®
FITNESS ASSESSMENT
DATA ACQUISITION FORM

____/____/____
DATE OF ANALYSIS

NAME

ADDRESS

CITY STATE ZIP

(____) (____)
HOME PHONE WORK PHONE

AGE M F
SEX

***** DO NOT COMPLETE THIS SECTION *****

Height	_____	Weight	_____
Impedance	_____	Body Fat	_____
Heart Rate	_____	Fvc	_____
Bench Press	_____	Bike Test	_____
Flexibility	_____	Max V02	_____
Sit-Ups	_____	Crunches	_____
Static Biceps	_____	Static Dead Lift	_____
Right Grip Test	_____	Left Grip Test	_____
Push-Ups	_____	Leg Press	_____
Step Test	_____ + _____ / 2 + _____		

