

Initial Health Evaluation

Date: _____

What I look like today:

Cardio

Resting Pulse _____
Blood Pressure _____

Blood Sugar

Glucose _____

Fat

Weight _____
BMI _____
Body Fat % _____

Measurements

Neck _____
Upper Arm _____
Forearm _____
Wrist _____
Chest _____
Waist _____
Hips _____
Thigh _____
Calf _____

Fitness

1 Mile Time _____

Notes: