Fitness Testing Results Sheet

Name:_____   Date:_____

Age:_____   Resting Heart Rate (BPM):_____

Maximum Heart rate: (220-age):

Fitness Test Name	Results
Illinois Agility Test	
20m Sprint Test	
60 second Press Up Test	
60 Second Sit Up Test	
Standing Broad Jump Test	
Sit & Reach Test	
12 Minute Cooper Run	

Summary (How do you feel about your results):

Target for next steps (What are you hoping to improve for next time):

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