TEST EVENTS

YES NO

_____ _____ **TWELVE MINUTE COOPER RUN: To determine cardiovascular/respiratory endurance.**

_____ _____ **SKIN FOLD CALIPER ASSESSMENT: To determine percent of body fat.**

_____ _____ **BENT KNEE SIT-UPS: To determine back stability and abdominal endurance.**

_____ _____ **TRUNK FLEXION (Sit & Reach): To determine lower back/hamstring flexibility.**

_____ _____ **TRUNK EXTENSION: To determine overall back flexibility.**

_____ _____ **PUSH-UPS: To determine upper body muscular endurance.**

_____ _____ **SQUAT THRUSTS: To determine lower body muscular endurance.**

_____ _____ **BENCH PRESS: To determine overall upper body muscular strength.**

_____ _____ **STANDING BROAD JUMP: To determine explosive power.**

_____ _____ **STANDING VERTICAL LEAP: To determine explosive power.**

Are you aware of any medical condition that this candidate may have that could be aggravated by this testing? _____ NO _____ YES

I certify that this candidate is fit to participate in the preceding health-fitness and motor-fitness test events.

Signature: _____ Date: _____
Referring Physician

Print Name: _____ Telephone: (_____)_____-_____

Address: _____ ZIP: _____