

Name: \_\_\_\_\_ Year: \_\_\_\_\_

Membership #: \_\_\_\_\_

### SCORES

		1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
Date					
<b>Vitals</b>	Height				
	Weight				
	Blood Pressure				
	Heart Rate				
<b>Functional Fitness Test</b>	Chair Stand				
	Biceps Curl				
	6-Min Walk				
	Sit and Reach				
	Back Scratch				
	Up-and-Go				
<b>Wellness Assessment</b>	Active				
	Spiritual				
	Purposeful				
	Intellectual				
	Relational				
	Expressive				

<b>Comments</b>	1st Quarter:
	2nd Quarter:
	3rd Quarter:
	4th Quarter: