

Wellness Assessment Form

Name: _____ Year: _____

Membership #: _____

SCORES

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

Comments	