



## Information Sheet

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

<p>Pretest Date: ____ / ____ / ____</p> <p>Height: _____</p> <p>Weight: _____</p> <p>% Body Fat: _____</p> <table style="width: 100%; border: none;"> <tr> <td></td> <td style="text-align: center;"><b><u>Males</u></b></td> <td></td> <td style="text-align: center;"><b><u>Females</u></b></td> </tr> <tr> <td>Chest</td> <td>_____</td> <td>Tricep</td> <td>_____</td> </tr> <tr> <td>Abdominal</td> <td>_____</td> <td>Suprailiac</td> <td>_____</td> </tr> <tr> <td>Thigh</td> <td>_____</td> <td>Thigh</td> <td>_____</td> </tr> </table>		<b><u>Males</u></b>		<b><u>Females</u></b>	Chest	_____	Tricep	_____	Abdominal	_____	Suprailiac	_____	Thigh	_____	Thigh	_____	<p>Posttest Date: ____ / ____ / ____</p> <p>Height: _____</p> <p>Weight: _____</p> <p>% Body Fat: _____</p> <table style="width: 100%; border: none;"> <tr> <td></td> <td style="text-align: center;"><b><u>Males</u></b></td> <td></td> <td style="text-align: center;"><b><u>Females</u></b></td> </tr> <tr> <td>Chest</td> <td>_____</td> <td>Tricep</td> <td>_____</td> </tr> <tr> <td>Abdominal</td> <td>_____</td> <td>Suprailiac</td> <td>_____</td> </tr> <tr> <td>Thigh</td> <td>_____</td> <td>Thigh</td> <td>_____</td> </tr> </table>		<b><u>Males</u></b>		<b><u>Females</u></b>	Chest	_____	Tricep	_____	Abdominal	_____	Suprailiac	_____	Thigh	_____	Thigh	_____																																																				
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