



RICKY JACKSON.COM



Fitness Assessment Form

Date: _____

Name:

Email:

Age:

Height: FEET INCHES

Weight: LBS.

Desired Weight: LBS.

Gender: FEMALE MALE

Would you describe yourself as:

VERY ACTIVE MODERATELY ACTIVE SEDENTARY

Have you achieved good results with training and diet in the past:

YES NO NEVER TRAINED

Is your job physically demanding or do you just sit most of the day:

ACTIVE SITTING

Where are you on this scale:

LEAN 1 2 3 4 5 6 7 8 9 10 FAT

What do you want from a fitness program:

LOSE FAT IMPROVE MUSCLE CONDITION BUILD MUSCLE



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Fitness Assessment Form Contd.

How much time can you devote to training each week?

(Health experts recommend at least 3 hours of exercise per week for best results)

1 2 3 4 5 HOURS

Are you willing to follow all instructions, especially regarding diet, for 12 weeks in order to achieve your goals?

YES NO

Did you know that nutrition is at least 80% responsible for weight gain or loss, even when exercising?

YES NO

Did you eat out a lot?

YES NO

Did you eat fast food, junk food, fried food and soda?

YES NO

Are you a vegetarian?

YES NO

Will you be working out at home or at a gym?

HOME GYM

Please list any food allergies:

- | | |
|----|----|
| 1. | 5. |
| 2. | 6. |
| 3. | 7. |
| 4. | 8. |

Please list any food dislikes:

- | | |
|----|----|
| 1. | 5. |
| 2. | 6. |
| 3. | 7. |
| 4. | 8. |

PLEASE NOTE* The Waiver and the Fitness Assessment Form must be received before I can begin designing your fat loss and fitness program.**

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