



***PARE* EVALUATION**

I.D. Checked

Photographs (Social Media) Sharing Information

Name: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> X		Test Date: (y-m-d)	Test Administrator:
Height:	Weight:	Age:	Describe your level of Fitness: <input type="checkbox"/> Poor <input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Excellent
Pre-Test:		Post-Test:	
Time: BP: HR:		Time: BP: HR:	
Time: BP: HR:		Time: BP: HR:	

Pre-Test Questions:	Yes	No
1. Are you aware of any medical or physical concerns that might put you at risk or limit your performance in any way? (If so, list on reverse)	<input type="checkbox"/>	<input type="checkbox"/>
2. Are you currently taking any prescribed medication? List below.	<input type="checkbox"/>	<input type="checkbox"/>
3. Was it you who completed the Par-Q and Liability Release and Indemnity forms?	<input type="checkbox"/>	<input type="checkbox"/>

Cones:							Jump: 5 Second Penalty (TO or LA)							Run Time:	
Lap#	1	2	3	4	5	6	Lap#	1	2	3	4	5	6	Lap 1	:
Hurdles: 2 Second Penalty							Stairs:							Lap 2	:
Lap#	1	2	3	4	5	6	Lap#	1	2	3	4	5	6	Lap 3	:
Pull Station (70 lbs)							Push Station (70 lbs)							Lap 4	:
Weight Drop			X _____				Weight Drop			X _____				Lap 5	:
Incomplete Arc			X _____				Incomplete Arc			X _____				Lap 6	:
Body Position			X _____				Body Position			X _____				Pull/ Push	:
Pull/ Push Transition:							Vault:							Pull/ Push	:
Body Position			X _____				Bar-Grab			X _____					
Position			X _____				Position			X _____					
Weight-Carry Completed															
Yes		No		(Weight: 80 lbs)											

TEST TIME (Including Penalties): _____	PASS	FAIL
Notes:		