



***POPAT* 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:		Time:	
BP: HR:		BP: HR:	
Time:		Time:	
BP: HR:		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:		TO: Take Off		LA: Landing		Run Time:	
Lap#	1 2 3 4 5 6	Lap#	1 2 3 4 5 6	Lap#	1 2 3 4 5 6	Lap#	1 2 3 4 5 6	Lap 1	:
Hurdles:		Stairs:						Lap 2	:
Lap# 1 2 3 4 5 6		Lap# 1 2 3 4 5 6						Lap 3	:
Pull Station (80 lbs)		Push Station (80 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	:
Vault:		Weight-Carry Completed						Push	:
Bar Touch	X _____	Yes	No	(Weight: 100 lbs)				Vault	:
Bar-Grab	X _____								
Position	X _____								
TEST TIME (Including Penalties): _____						PASS		FAIL	

Notes: