



**\*SOPAT\* 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:		No Jump						Run Time:		
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 (50 lbs)		Push Station (50 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: 80 lbs)				Vault	:	
Bar-Grab	X _____									
Position	X _____									
<b>TEST TIME (Including Penalties):</b> _____							<b>PASS</b>	<b>FAIL</b>		

Notes: