

FITNESS ASSESSMENT & BODY FAT TEST REQUEST FORM

Date \_\_\_\_\_ Name \_\_\_\_\_

Phone \_\_\_\_\_ Email Address \_\_\_\_\_

Status:  Student  UAB Employee  Colleague Member  Alumni  Household Member  Retiree

**Are you currently exercising? If so, please fill in the following:**

INTENSITY OF WORKOUTS:  Light  Moderate  High

HOW MANY DAYS PER WEEK: \_\_\_\_\_

HOW MANY MINUTES PER SESSION: \_\_\_\_\_

Prefer male or female? \_\_\_\_\_

*(We will work to accomodate all requests, but appointments are based on technician's availability.)*

**Please mark which days and times are best for you to come in and have the test performed:**

Monday	Tuesday	Wednesday	Thursday	Friday
<input type="checkbox"/> 8am - 9am	<input type="checkbox"/> 8am - 9am	<input type="checkbox"/> 8am - 9am	<input type="checkbox"/> 8am - 9am	<input type="checkbox"/> 8am - 9am
<input type="checkbox"/> 9am - 10am	<input type="checkbox"/> 9am - 10am	<input type="checkbox"/> 9am - 10am	<input type="checkbox"/> 9am - 10am	<input type="checkbox"/> 9am - 10am
<input type="checkbox"/> 10am - 11am	<input type="checkbox"/> 10am - 11am	<input type="checkbox"/> 10am - 11am	<input type="checkbox"/> 10am - 11am	<input type="checkbox"/> 10am - 11am
<input type="checkbox"/> 11am - 12pm	<input type="checkbox"/> 11am - 12pm	<input type="checkbox"/> 11am - 12pm	<input type="checkbox"/> 11am - 12pm	<input type="checkbox"/> 11am - 12pm
<input type="checkbox"/> 12pm - 1pm	<input type="checkbox"/> 12pm - 1pm	<input type="checkbox"/> 12pm - 1pm	<input type="checkbox"/> 12pm - 1pm	<input type="checkbox"/> 12pm - 1pm
<input type="checkbox"/> 1pm - 2pm	<input type="checkbox"/> 1pm - 2pm	<input type="checkbox"/> 1pm - 2pm	<input type="checkbox"/> 1pm - 2pm	<input type="checkbox"/> 1pm - 2pm
<input type="checkbox"/> 2pm - 3pm	<input type="checkbox"/> 2pm - 3pm	<input type="checkbox"/> 2pm - 3pm	<input type="checkbox"/> 2pm - 3pm	<input type="checkbox"/> 2pm - 3pm
<input type="checkbox"/> 3pm - 4pm	<input type="checkbox"/> 3pm - 4pm	<input type="checkbox"/> 3pm - 4pm	<input type="checkbox"/> 3pm - 4pm	<input type="checkbox"/> 3pm - 4pm
<input type="checkbox"/> 4pm - 5pm	<input type="checkbox"/> 4pm - 5pm	<input type="checkbox"/> 4pm - 5pm	<input type="checkbox"/> 4pm - 5pm	<input type="checkbox"/> 4pm - 5pm

**Are you interested in Personal Training or any of our other wellness programs? If so, please name the program/s:** \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

<b>Office Use Only</b>
Date paperwork received _____
Additional Notes _____ _____