



Supplementary Physical Training Program Intake Sheet

| PART A: (To be filled out by CAF member) | | | |
|---|-------------|---|--------------------|
| NAME/RANK: | AGE: | GENDER: <input type="checkbox"/> M <input type="checkbox"/> F | LOCAL/PHONE |
| SN | UNIT | Commanding Officer | |
| RSM/Coxn/Sqn WO | | Supervisor | |
| Failure Date | | Re-Test Date | |

| Results: (to be filled out by FORCE Evaluator) | | |
|---|----------------|---------------|
| Test Component: | Result: | Notes: |
| Sandbag Lift | | |
| Intermittent Loaded Shuttle | | |
| 20 Metre Rushes | | |
| Sandbag Drag | | |
| Notes: | | |
| | | |

PART B (to be filled out by PSP Fitness Staff)

| Height | Weight | WC | RHR | RBP |
|---|------------------------------|---|------------------------------|------------|
| Required Baseline Test | Type of Test Selected | Required Baseline Test | Type of Test Selected | |
| <input type="checkbox"/> Aerobic Capacity | | <input type="checkbox"/> Muscular Endurance | | |
| <input type="checkbox"/> Flexibility | | <input type="checkbox"/> Muscular Strength | | |
| <input type="checkbox"/> Balance/Coordination | | <input type="checkbox"/> S.A.Q. | | |
| <input type="checkbox"/> Core Strength | | <input type="checkbox"/> Other | | |

PLAN (FITT)

| | |
|-----------------------------------|--------------------------|
| Cardio Plan: | Muscular Plan: |
| | |
| Balance/Coordination Plan: | Flexibility Plan: |
| | |

PROJECTED FORCE Evaluation date: _____

HEALTH PROMOTION

| | |
|---|--|
| <input type="checkbox"/> Stress: Take Charge <input type="checkbox"/> Weight Wellness <input type="checkbox"/> Top Fuel for Top Performance <input type="checkbox"/> Managing Angry Moments <input type="checkbox"/> Butt Out: Smoking Cessation Program | <input type="checkbox"/> Mental Fitness and Suicide Awareness <input type="checkbox"/> Alcohol, Other Drugs and Gambling Awareness <input type="checkbox"/> Basic Relationship Training |
|---|--|