



Annex D

SUPPLEMENTARY PHYSICAL TRAINING - ASSESSMENT SHEET

Rank:	First Name:	Surname:	Date:
Military or Civilian:	Age:	Gender:	Birthday (d/m/y):
Location:	UIC:	City:	State:
URS:		Dept Description:	
Email:	Pager:	SN:	Phone:
Other:			

Current Training Experience (over the past 2 months):

Cardio/Aerobic Training:	
How many aerobic training sessions per week?	
How long is your aerobic activity?	
List types of aerobic training?	
List your aerobic activities? 1:	2:
How many fitness classes do you attend?	

Resistance/Weight Training:	
How many resistance/weight training sessions per week?	
How long is the resistance training?	
How many reps do you do per training session?	
How many sets do you do per training session?	
How much rest do you take between sets?	



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What type of exercises do you do? 1:	
2:	3:
4:	5:
Notes:	

Is there anything to add that contributed to you not maintaining a fitness standard?	
General:	Specific:

Injuries:		
Are you currently seeing the physiotherapist for treatment?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Name of Physiotherapist:		
Are you currently injured?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, please explain:		

List activities that cause discomfort and/or are not recommended:				
<input type="checkbox"/> Treadmill	<input type="checkbox"/> Elliptical	<input type="checkbox"/> Rowing	<input type="checkbox"/> Running	<input type="checkbox"/> Biking
<input type="checkbox"/> Swimming	<input type="checkbox"/> Overhead	<input type="checkbox"/> Squat	Other:	

Performance Measures:			
<input type="checkbox"/> VO2 max	<input type="checkbox"/> Power	<input type="checkbox"/> Balance	<input type="checkbox"/> Muscular Endurance
<input type="checkbox"/> Body Composition	<input type="checkbox"/> Flexibility	<input type="checkbox"/> Agility	<input type="checkbox"/> Muscular Strength
<input type="checkbox"/> Rehab	<input type="checkbox"/> Speed	Other:	



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Availability (Please check):	
Days per week available to train?	<input type="checkbox"/> Mon. <input type="checkbox"/> Tue. <input type="checkbox"/> Wed. <input type="checkbox"/> Thurs. <input type="checkbox"/> Fri. <input type="checkbox"/> Sat. <input type="checkbox"/> Sun.
Time available each day?	Sessions per day?

Goal Setting Worksheet:	
<i>GOALS SHOULD BE SMART – SPECIFIC, MEASURABLE, ATTAINABLE, REALISTIC AND HAVE A TIME FRAME FOR COMPLETION.</i>	
OVERALL (i.e. Exempt for FORCE Test for July 31 of this FY)	
GOAL # 1	
Time Frame	
GOAL # 2	
Time Frame	
SPECIFIC (i.e. Improve Push Ups from 25 to 45 by July 31 of this FY)	
GOAL # 1	
Time Frame	
GOAL # 2	
Time Frame	
ACTION STEPS (i.e. Commit to training 5 days a week)	
1.	
Time Frame	
2.	
Time Frame	

Activity Inventory:					
Currently Doing	Would like to do	Currently Doing	Would like to do	Currently Doing	Would like to do
<input type="checkbox"/> <input type="checkbox"/> Resistance Training		<input type="checkbox"/> <input type="checkbox"/> Aerobic Training		<input type="checkbox"/> <input type="checkbox"/> Aqua Jogging	
<input type="checkbox"/> <input type="checkbox"/> Deadlift		<input type="checkbox"/> <input type="checkbox"/> Spinning		<input type="checkbox"/> <input type="checkbox"/> Snowshoeing	



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Activity Inventory:		
<input type="checkbox"/> <input type="checkbox"/> Front/Back Squat	<input type="checkbox"/> <input type="checkbox"/> Swimming	<input type="checkbox"/> <input type="checkbox"/> Lunge
<input type="checkbox"/> <input type="checkbox"/> Power Clean	<input type="checkbox"/> <input type="checkbox"/> Running/Jogging	<input type="checkbox"/> <input type="checkbox"/> Yoga
<input type="checkbox"/> <input type="checkbox"/> Interval Training	<input type="checkbox"/> <input type="checkbox"/> Rowing	<input type="checkbox"/> <input type="checkbox"/> Snatch
<input type="checkbox"/> <input type="checkbox"/> General Strength	<input type="checkbox"/> <input type="checkbox"/> Elliptical	<input type="checkbox"/> <input type="checkbox"/> Martial Arts
<input type="checkbox"/> <input type="checkbox"/> Step Up	<input type="checkbox"/> <input type="checkbox"/> Stair Climber	<input type="checkbox"/> <input type="checkbox"/> Cross Fit
<input type="checkbox"/> <input type="checkbox"/> Bench Press	<input type="checkbox"/> <input type="checkbox"/> Speed Training	