

Name _____

Date _____

Resting Heart Rate: _____

HR_{max} (estimate): _____

Blood Pressure (if indicated by PAR-Q/medical history): _____

YMCA 3-Minute Step Test

Recovery Heart Rate: _____

To determine the client's cardiorespiratory fitness rating for this test, compare the recovery heart rate to **Table 11.11** in the *NASM Essentials of Personal Fitness Training (7th ed.)* textbook.

Very Poor	Poor	Below Average	Average	Above Average	Good	Excellent
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Rockport Walk Test

Time: _____ Heart Rate: _____

To determine the client's cardiorespiratory fitness rating for this test, compare the completion time to **Table 11.12** in the *NASM Essentials of Personal Fitness Training (7th ed.)* textbook.

Poor	Fair	Average	Above Average	Good	Excellent
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1.5 Mile Run

Time: _____ Heart Rate: _____

To determine the client's cardiorespiratory fitness rating for this test, compare the completion time to **Table 11.13** in the *NASM Essentials of Personal Fitness Training (7th ed.)* textbook.

Very Poor	Poor	Fair	Good	Excellent	Superior
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VT1 / VT2 Talk Test

Time to VT1: _____ VT1 HR: _____ Time to VT2: _____ VT2 HR: _____