

Name \_\_\_\_\_

Date \_\_\_\_\_

Resting Heart Rate: \_\_\_\_\_

HR<sub>max</sub> (estimate): \_\_\_\_\_

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

## YMCA 3-Minute Step Test

Recovery Heart Rate: \_\_\_\_\_

Very Poor   Poor   Below Average   Average   Above Average   Good   Excellent

## Rockport Walk Test

Time: \_\_\_\_\_   Heart Rate: \_\_\_\_\_

Poor   Fair   Average   Above Average   Good   Excellent

## 1.5 Mile Run

Time: \_\_\_\_\_   Heart Rate: \_\_\_\_\_

Very Poor   Poor   Fair   Good   Excellent   Superior

## VT1 / VT2 Talk Test

Time to VT1: \_\_\_\_\_   VT1 HR: \_\_\_\_\_   Time to VT2: \_\_\_\_\_   VT2 HR: \_\_\_\_\_