

Student Physical Fitness Record

Name :

Regd. No. :

Branch :

Sex : Male Female

Residence : Day Scholar Hosteller



VIGNAN'S

Foundation for Science, Technology & Research

(Deemed to be UNIVERSITY)

-Estd u/s 3 of UGC Act 1956

I - YEAR

Academic Year

Body Composition :

I Semester

Height (in cm)	Weight (in Kg)	BMI	Weight category :
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

II Semester

Height (in cm)	Weight (in Kg)	BMI	Weight category :
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Physical Fitness Test Status :

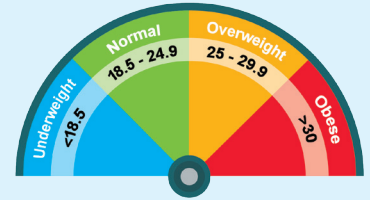
If Yes No

I Semester

Test 1	Test 2	Final
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

II Semester

Test 1	Test 2	Final
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>



Student Tested

**Reason
if not tested**

Absent on test Date

Medical Excuse / any other

Fitness Test Results :

I Semester

Test 1	Test 2	Final
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

II Semester

Test 1	Test 2	Final
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Aerobic Capacity

100 mts. Run (sec.)

400 mts. Run/Walk (sec.)

Upper body strength

Push-ups

Flexibility

Sit and Reach (cm.)

Abdominal strength

Curl ups

Physical Director

Assoc. Dean, Student Affairs

II - YEAR

Academic Year

Body Composition :

I Semester

Height (in cm)	Weight (in Kg)	BMI	Weight category :
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

II Semester

Height (in cm)	Weight (in Kg)	BMI	Weight category :
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Physical Fitness Test Status :

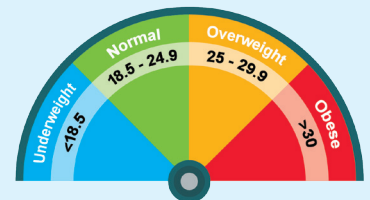
If Yes No

I Semester

Test 1	Test 2	Final
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

II Semester

Test 1	Test 2	Final
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>



Student Tested

**Reason
if not tested**

Absent on test Date

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Fitness Test Results :

I Semester

Test 1	Test 2	Final
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

II Semester

Test 1	Test 2	Final
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Aerobic Capacity

100 mts. Run (sec.)

400 mts. Run/Walk (sec.)

Upper body strength

Push-ups

Flexibility

Sit and Reach (cm.)

Abdominal strength

Curl ups

Physical Director

Assoc. Dean, Student Affairs

III - YEAR

Academic Year

Body Composition :

Height (in cm)

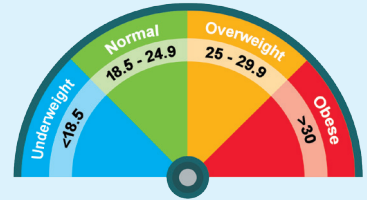
Weight (in Kg)

Body Mass Index

Weight category :

Physical Fitness Test Status : If Yes No

Reason if not tested	Student Tested	Test 1	Test 2	Test 3	Test 4
	Absent on test Date	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Medical Excuse	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>



Fitness Test Results :

	Test 1	Test 2	Test 3	Test 4
100 mts. Run (sec.)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
400 mts. Run/Walk (✓/✗)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Physical Directorv

Assoc. Dean, Student Affairs

IV - YEAR

Academic Year

Body Composition :

Height (in cm)

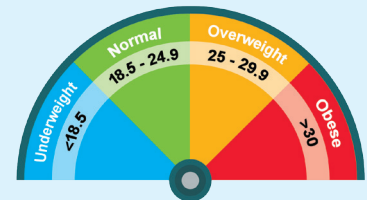
Weight (in Kg)

Body Mass Index

Weight category :

Physical Fitness Test Status : If Yes No

Reason if not tested	Student Tested	Test 1	Test 2	Test 3	Test 4
	Absent on test Date	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Medical Excuse	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>



Fitness Test Results :

	Test 1	Test 2	Test 3	Test 4
100 mts. Run (sec.)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
400 mts. Run/Walk (✓/✗)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Physical Directorv

Assoc. Dean, Student Affairs

Tips to increase your Physical Activity



set realistic goals



take the stairs



get your friends
involved



walk part of
your commute



take regular
breaks from sitting



make it fun!



VIGNAN'S

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-Estd u/s 3 of UGC Act 1956

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