

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 :

II Semester

Height (in cm) Weight (in Kg) BMI Weight category :

Physical Activity Test Status : If Yes No

I Semester

	Test 1	Test 2	Final
Student Tested	<input type="text"/>	<input type="text"/>	<input type="text"/>
Absent on test Date	<input type="text"/>	<input type="text"/>	<input type="text"/>
Medical Excuse	<input type="text"/>	<input type="text"/>	<input type="text"/>
Special needs / any other	<input type="text"/>	<input type="text"/>	<input type="text"/>

II Semester

	Test 1	Test 2	Final
Student Tested	<input type="text"/>	<input type="text"/>	<input type="text"/>
Absent on test Date	<input type="text"/>	<input type="text"/>	<input type="text"/>
Medical Excuse	<input type="text"/>	<input type="text"/>	<input type="text"/>
Special needs / any other	<input type="text"/>	<input type="text"/>	<input type="text"/>

Reason
if not tested



Activity :

I Semester

	Test 1	Test 2	Final
80/100/200 mts. Run (sec.)	<input type="text"/>	<input type="text"/>	<input type="text"/>
400 mts. Run/Walk (✓ / X)	<input type="text"/>	<input type="text"/>	<input type="text"/>

II Semester

	Test 1	Test 2	Final
80/100/200 mts. Run (sec.)	<input type="text"/>	<input type="text"/>	<input type="text"/>
400 mts. Run/Walk (✓ / X)	<input type="text"/>	<input type="text"/>	<input type="text"/>

Physical Director

Assoc. Dean, Student Affairs

II - YEAR

Academic Year

Body Composition :

I Semester

Height (in cm) Weight (in Kg) BMI Weight category :

II Semester

Height (in cm) Weight (in Kg) BMI Weight category :

Physical Activity Test Status : If Yes No

I Semester

	Test 1	Test 2	Final
Student Tested	<input type="text"/>	<input type="text"/>	<input type="text"/>
Absent on test Date	<input type="text"/>	<input type="text"/>	<input type="text"/>
Medical Excuse	<input type="text"/>	<input type="text"/>	<input type="text"/>
Special needs / any other	<input type="text"/>	<input type="text"/>	<input type="text"/>

II Semester

	Test 1	Test 2	Final
Student Tested	<input type="text"/>	<input type="text"/>	<input type="text"/>
Absent on test Date	<input type="text"/>	<input type="text"/>	<input type="text"/>
Medical Excuse	<input type="text"/>	<input type="text"/>	<input type="text"/>
Special needs / any other	<input type="text"/>	<input type="text"/>	<input type="text"/>

Reason
if not tested



Activity :

I Semester

	Test 1	Test 2	Final
80/100/200 mts. Run (sec.)	<input type="text"/>	<input type="text"/>	<input type="text"/>
400 mts. Run/Walk (✓ / X)	<input type="text"/>	<input type="text"/>	<input type="text"/>

II Semester

	Test 1	Test 2	Final
80/100/200 mts. Run (sec.)	<input type="text"/>	<input type="text"/>	<input type="text"/>
400 mts. Run/Walk (✓ / X)	<input type="text"/>	<input type="text"/>	<input type="text"/>

Physical Director

Assoc. Dean, Student Affairs

III - YEAR

Academic Year

Body Composition :

Height (in cm)

Weight (in Kg)

Body Mass Index

Weight category :

Physical Activity 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"/>
	Special needs / any other	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>



Activity :

100 mts. Run (sec.)

Test 1	Test 2	Test 3	Test 4
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

400 mts. Run/Walk (✓/ X)

Test 1	Test 2	Test 3	Test 4
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Physical Director

Assoc. Dean, Student Affairs

IV - YEAR

Academic Year

Body Composition :

Height (in cm)

Weight (in Kg)

Body Mass Index

Weight category :

Physical Activity 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"/>
	Special needs / any other	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>



Activity :

100 mts. Run (sec.)

Test 1	Test 2	Test 3	Test 4
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

400 mts. Run/Walk (✓/ X)

Test 1	Test 2	Test 3	Test 4
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Physical Director

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!



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