

Athletes Basic Level Fitness Test Form

Athlete Name:				Age:		Weight Category:				Club / Association:			
Contact Phone No.:						Coach's name & Contact phone No.:							
Test Location:		Date of Test:		Name of instructor conducting the test:		2 minute test time or 3 minute test time		Names of Test group:					
		Station 1		Station 2		Station 3		Station 4		Station 5		Results	
Round 1	1st Lap	yes	no	yes	no	yes	no	yes	no	yes	no	PASS	
	2nd Lap	yes	no	yes	no	yes	no	yes	no	yes	no		
	3rd Lap	yes	no	yes	no	yes	no	yes	no	yes	no		FAIL
	4th Lap	yes	no	yes	no	yes	no	yes	no	yes	no		
Round 2	1st Lap	yes	no	yes	no	yes	no	yes	no	yes	no	PASS	
	2nd Lap	yes	no	yes	no	yes	no	yes	no	yes	no		
	3rd Lap	yes	no	yes	no	yes	no	yes	no	yes	no	FAIL	
	4th Lap	yes	no	yes	no	yes	no	yes	no	yes	no		
Round 3	1st Lap	yes	no	yes	no	yes	no	yes	no	yes	no	PASS	
	2nd Lap	yes	no	yes	no	yes	no	yes	no	yes	no		
	3rd Lap	yes	no	yes	no	yes	no	yes	no	yes	no	FAIL	
	4th Lap	yes	no	yes	no	yes	no	yes	no	yes	no		
Round 4	1st Lap	yes	no	yes	no	yes	no	yes	no	yes	no	PASS	
	2nd Lap	yes	no	yes	no	yes	no	yes	no	yes	no		
	3rd Lap	yes	no	yes	no	yes	no	yes	no	yes	no	FAIL	
	4th Lap	yes	no	yes	no	yes	no	yes	no	yes	no		
Round 5	1st Lap	yes	no	yes	no	yes	no	yes	no	yes	no	PASS	
	2nd Lap	yes	no	yes	no	yes	no	yes	no	yes	no		
	3rd Lap	yes	no	yes	no	yes	no	yes	no	yes	no	FAIL	
	4th Lap	yes	no	yes	no	yes	no	yes	no	yes	no		

IMPORTANT: All athletes please note that failure to bring this testing form to EKF National Squad Training & Selections may result in being excluded from the selection process for major events.

National Coach Signature:
Date: