

Body Measurement Chart

Consult your physician before beginning any exercise program

Clients Name: _____

Date: _____

Age: _____

Phone () _____

Occupation: _____

Measurements

Week 1

| | |
|--------|--|
| Height | |
| Weight | |
| Waist | |

Week 3

| | |
|--------|--|
| Height | |
| Weight | |
| Waist | |

Week 6

| | |
|--------|--|
| Height | |
| Weight | |
| Waist | |

Final Week

| | |
|--------|--|
| Height | |
| Weight | |
| Waist | |