

Endurance Performance Testing Report

Name _____

Date _____

DOB _____

Age _____

Gender M F

INDICATION FOR TESTING

ADDITIONAL INFORMATION

BASELINE DATA

Resting HR _____

Resting BP _____

Height _____

Weight _____

BMI _____

Predicted HR max _____

TESTING

Protocol _____

Maximum Workload _____

Exercise Test Time _____

Reason for Test Termination _____

Indication for Max Test _____

RESULTS

HRmax _____

VO2 response at max workload _____

Lactate Threshold (*estimated*) _____



Cayuga
Medical Center

 Sports Medicine and
Athletic Performance

THE CENTER IS YOU

Endurance Performance Testing Report PG 2

TRAINING ZONES

Zone 1, Recovery _____

Zone 2, Basic Training Zone _____

Zone 3, Lactate Threshold _____

Zone 4, Interval Training Zone _____

Zone 5, High Intensity Training Zone _____

RECOMMENDATIONS

Andrew Getzin, MD
*Director of Cayuga Medical Center Sports Medicine
and Athletic Performance Endurance Center*