

# VO<sub>2</sub>max Field Test

LockOnFitness.com

## Instructions

Date of Test: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

*Important!* You must pass the Physical Activity Readiness Questionnaire (PAR-Q) and/or consult with your doctor prior to taking this field test. The PAR-Q can be printed by going to [www.LockOnFitness.com/ExercisePrep.aspx](http://www.LockOnFitness.com/ExercisePrep.aspx).

This test is intended for informational purposes only and should not be construed as medical advice, medical opinion, diagnosis or treatment. LockOnFitness.com, its advertisers, employees, or owners assume no liability for the information provided herein or for any diagnosis or treatment made in reliance therein.

Find a level, one-mile distance you can walk. The best place to find one is at a high school or college track, but a road or street may be used if you can ensure your safety. If you are using a school track each lap around the track is one-fourth mile; four times around equals one mile.

Make sure you have a friend or acquaintance with you and that there is a way to contact emergency personnel if needed (cell phone or pay phone).

Start out by warming up for five minutes. After warming up, time how long it takes you to walk one mile as fast as you comfortably can.

Gender:       Female                       Male

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Weight: \_\_\_\_\_  lbs                       kg      (Weight while fully clothed including shoes)

Time to Walk 1 Mile: \_\_\_\_\_ Minutes      \_\_\_\_\_ Seconds

Ending Heart Rate: \_\_\_\_\_ bpm (beats per minute)

If you have a heart rate monitor, check to see what your heart rate is as you crossed the one mile mark. If you don't have a heart rate monitor, take your pulse for six seconds at the end of the one-mile walk and multiply by ten.

Enter the above information into the Lock On Fitness website: [www.LockOnFitness.com/VO2Max.aspx](http://www.LockOnFitness.com/VO2Max.aspx)

***Do not take this field test unless you can honestly sign the statement below:***

I certify that I have passed the PAR-Q and/or consulted with my physician *prior* to taking this test:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness: \_\_\_\_\_ Date: \_\_\_\_\_