

ASSOCIATION GYMNASIUM RECORDS.

5

HISTORY.

NUMBER 5 NAME [REDACTED] DATE OF BIRTH 5/30. 1874
 Birthplace Kan. of Father Pa of Father's Father _____
 of Mother Ohio of Father's Mother _____
 of Mother's Father _____
 of Mother's Mother _____
 EXERCISE (past) WORK Physical Farming Mental 8 yrs School
 EXERCISE (past) RECREATION Physical Base ball Mental _____
Boating swimming Foot ball
 HEALTH Good
 Number Brothers and Sisters living me B. me S. Dead me sister Cause of Death _____ Age at Death _____
 Father died of Father health good Mother died of Mother not good Health _____ Occupation of Father previous to your birth CLK RR
 DISEASES IN FAMILY Gout no Piles no Rheumatism no Phthisis no Asthma no
 Dyspepsia no Varicose Veins no Habitual Constipation no Heart Disease no
 *Surgical Operations _____ †Accidents _____ ‡Strain _____ ¶Injury _____

EXAMINATION.

DATE	Yr. <u>90</u> Mo. <u>5</u> Da. <u>15</u> Hr. <u>8</u>	Yr. _____ Mo. _____ Da. _____ Hr. _____	Yr. _____ Mo. _____ Da. _____ Hr. _____	Yr. _____ Mo. _____ Da. _____ Hr. _____
OCCUPATION	<u>School</u>			
EXERCISE; WORK				
EXERCISE; RECREATION	<u>2 hours Gym</u>			

WEIGHT	<u>188</u>			PRESCRIPTION
HEIGHT STANDING	<u>5-4</u>			
Height Sitting	<u>33</u>			
Length of Trunk	<u>23-2</u>			
Depth of Chest	<u>7-1</u>			
Width of Chest	<u>9-7</u>			
Breadth of Shoulders	<u>15</u>			
Breadth of Hips	<u>11-4</u>			
Neck	<u>12-6</u>			
CHEST EXPANDED	<u>33</u>			
CHEST CONTRACT'D	<u>32</u>			
Waist	<u>27-2</u>			
Hips	<u>32-8</u>			
R. WRIST	<u>6-7</u>			
R. FOREARM	<u>10</u>			REMARKS
R. UP-ARM UP	<u>10-8</u>			
R. UP-ARM DOWN	<u>10-1</u>			
L. FOREARM	<u>6-7</u>			
L. UP-ARM UP	<u>10-7</u>			
L. UP-ARM DOWN	<u>9-8</u>			
R. THIGH	<u>19</u>			
R. CALF	<u>12-7</u>			
L. THIGH	<u>18-7</u>			
L. CALF	<u>12-7</u>			
L. Ankle	<u>7-8</u>			
Muscles, Consistency	VH H M S VS	VH H M S VS	VH H M S VS	VH H M S VS
Muscles, Development	VG G M P VP	VG G M P VP	VG G M P VP	VG G M P VP
Muscles, Size	VL L M S VS	VL L M S VS	VL L M S VS	VL L M S VS
Heart Rate Before	<u>84</u>	/	/	/
Heart Rate After				
DIP				
PULL UP				
Strength R. Forearm				
Strength L. Forearm				
Lung Capacity				
Hours in Open Air	<u>4</u>			
Sleep	<u>8</u>			
Tobacco	<u>no</u>			
Stimulants	<u>no</u>			
Health	<u>Good</u>			

SPECIAL HISTORY, ACCIDENTS, SURGICAL OPERATIONS, &c.