Dayah, Michael

Phone: (865) 919-2900 home Activity ID: E1097170 Gender: Male

Member Evaluation

Coach: Sheyenne WilliamsEast Tennessee-Downtown YMCA



Measuren	nents															
Date of Birth		Date of Birth * Date of Birth is necessary to prescribe target heart rates automatically.														
Date of Birth		Date	10/21/1982													
		Heart Rates * RHR is necessary for ActivTrax prescribed cardio. If a physician has recommended moderating your heartrate during exercise, complete the override fields. Otherwise, leave them blank.														
Baseline Measurements	nts	Resting Heart Rate	81	bpm	Target Heart Rate Overrides: L M					Н						
		Weight	194	lbs	ВМІ				D/PD							
Body Composition	n	% of Body Fat Record if known	% of Body	Fat		25.7	%									
Strength	Evalu	ation		Ensure all e	xercise	s are perfo	rmed (using proper form. Try to	achieve Mor	nentary N	luscular	Failure (MI	MF) at tl	he sugge:	sted numb	er of reps.
Region Exercise Name				Equip	pmer	nt Name	. & N	lanufacturer	MMF	Reps	Am	ount	New	Prev	Seat	Other

Strength Evaluation			Ensure all exercises are performed using proper form. Try to achieve Momentary Muscular Failure (MMF) at the suggested number of reps.									
Region	Exer	cise Name	Equipment Name & Manufacturer			Reps	Amount	New	Prev	Seat	Other	
Chest	Seated Chest	Press	#5) Dual Axis Chest Press - Cybex Selectorized VR 2			7	Weight (lbs)	90	N/A	3.0	3.0	
Back	Seated Row		(#7) Row/Rear Delt - Cybex Selectorized VR			8	Weight (lbs)	87.5	N/A	3.0	3.0	
Legs	Horizontal Leg	g Press	(#1) Leg Press - Paramount Selectorized Performance Line			8	Weight (lbs)	208	N/A	3.0	N/A	
Shoulders	Seated Shoul	der Press	(#9) Overhead Press - Cybex Selectorized VR 2			8	Weight (lbs)	70	N/A	5	N/A	
Back	Back Seated Back Extension		(#14) Back Extension - Cybex Selectorized VR 2			8	Weight (lbs)	150	N/A	7.0	N/A	
Abs	Crunch		Floor			1 min.	# of Reps	45	N/A	N/A	N/A	
Member's Coach:		Sheyenne Williams		Evaluated By (if differ	ent):							
Date:		2018-01-08 00:00:00		* - Where different, weights may have been converted from previously used equipment or reps to failure								

Getting Acquainted	Introduce members to the exercises below. Not all exercises are applicable to all training types.									
Exercise	Equipment Number 8	& Name	Seat	Other	Exercise	Equipment Number & Name	Seat	Other		
Abductor (L,O)	(#2) Hip Abductor - Mate	rix	N/A		Adductor (L,O)	(#3) Hip Adductor - Matrix	N/A			
Seated Arm Curl (U,O)	(#14) Biceps Curl - Mat	trix		N/A	Seated Calf Raise (L,O)	(#26) Seated Calf Station - Legend	N/A			
Seated Dip (U,O)	(#15) Triceps Press - M	1atrix		N/A	Seated Leg Curl (L,O)	(#6) Seated Leg Curl - Matrix				
Seated Leg Extension (L.O)	(#7) Leg Extension - Ma	atrix				•				

Training Types: (L) - Lower Body Only, (U) - Upper Body Only, (O) - All Other Training Types.

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Printed on 02/14/2019
Page 1 (End)