

# GCISD Fitness Gram

OCPE Report

Name: \_\_\_\_\_

Grade: \_\_\_\_\_

Teacher: \_\_\_\_\_

Class: \_\_\_\_\_

Enter a number in each box for each event

Height	Weight	Pacer	Curl-up
__ ft __ in	_____ lbs		
Trunk Lift	Push-up	Shoulder Stretch L	Shoulder Stretch R
		Y N	Y N

Circle Y or N

Name: \_\_\_\_\_

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Teacher: \_\_\_\_\_

Class: \_\_\_\_\_

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\*Submit report to your campus coordinator by no later than **March 31**.