



FITNESS TEST RESULTS FORM

Last Name: _____ First Name: _____

Test Date: _____ Test Location: _____

Participant Classification: _____

Reference Times:

Referee Category	FIFA Test	
	Sprints 6 x 40 m	Interval Test x40 (4000 m)
Women FIFA/National	6.40 sec	17/20 sec
Women Provincial	6.60 sec	17/22 sec
Women Regional	6.80 sec	17/24 sec
Men FIFA/National	6.00 sec	15/18 sec
Men Provincial	6.40 sec	15/20 sec
Men Regional	6.60 sec	17/22 sec

FIFA & National Assistant Referee Only

	CODA	Sprints 5 x 30 m	Interval Test x40 (4000 m)
Women	11.00 sec	5.10 sec	17/22 sec
Men	10.00 sec	4.70 sec	15/20 sec

* Officials nominated to the National Program must successfully complete the Fitness test to the 'Nominated National' standard. Upon being selected by the CSA Referees Committee to join the National List, he/she must then successfully complete the fitness test prior to the start of the season to the standard as directed by the Committee

Results:

CODA (if applicable)	Sprint 1	Sprint 2	Sprint 3	Sprint 4	Sprint 5	Sprint 6	Sprint 7 (if necessary)	Interval Test Distance

Test administered by: _____

Signature: _____ Date: _____

** Test may only be supervised by a member of the CSA Referees Committee, CSA Fitness Instructor, CSA Staff member or an individual appointed/approved by the CSA.*

Participant Signature: _____ Date: _____