

## UHSAA Wrestling Weight Management BIA Form

**Print Clearly and Legibly**

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

Gender: Male  Female  Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Coach's E-mail: \_\_\_\_\_

School on whose team the wrestler will compete (DO NOT ABBREVIATE): \_\_\_\_\_

**For Assessor use ONLY DO NOT WRITE BELOW THIS LINE**

Urine specific gravity: \_\_\_\_\_ (Must be less than or equal to 1.025) Pass  Fail

Height: Feet \_\_\_\_\_ Inches \_\_\_\_\_ Weight (in pounds): \_\_\_\_\_

Body Fat % (Tanita TBF-WA): \_\_\_\_\_%

Skin Calipers:

Triceps: \_\_\_\_\_ Triceps: \_\_\_\_\_ Triceps: \_\_\_\_\_

AB: \_\_\_\_\_ AB: \_\_\_\_\_ AB: \_\_\_\_\_

Sub scapular \_\_\_\_\_ Sub scapular \_\_\_\_\_ Sub scapular \_\_\_\_\_

Initial test     Re-test \_\_\_\_\_     Late Initial Test



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