Wrestling Weight Management BIA Card

Print Clearly & Legibly

Name: ___________________________________ Date of Test: ________________

Gender: Male______ Female______ Date of Birth: ______________ Age: ____________

Grade: ______ Coach’s Email: ________________________________________________

School on whose team the wrestler will compete (Do Not Abbreviate): ______________________

For Assessor Use ONLY  Do Not Write In the Shaded Area

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:____/____/____ AB:____/____/____ Sub Scapular:____/____/____

Initial Test______ OR Re-Test______ OR Late Initial Test______