

UHSAA Wrestling Weight Management BIA Card

Print Clearly & Legibly

Name: _____ Date of Test: _____

Gender: Male _____ Female _____ Date of Birth: _____ Age: _____

Grade: _____ Coach's Email: _____

High School Wrestling Team: _____

----- For Assessor Use ONLY - Do Not Write Below This Line -----

Urine Specific Gravity: Pass _____ Fail _____ (Pass = 1.025 or less)

Height: Feet _____ Inches _____ Skin Calipers: Triceps: ___/___/___

Weight (in pounds): _____ AB: ___/___/___

Body Fat % (Tanita TBF-WA): _____% Sub Scapular: ___/___/___

_____ Initial Test OR _____ Re-Test OR _____ Late Initial Test

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