

GEORGIA HIGH SCHOOL ASSOCIATION
151 South Bethel Street
Thomaston, GA 30286
706 647-7473

WRESTLING WEIGHT MANAGEMENT PROGRAM
INDIVIDUAL PROFILE FORM

Complete top section prior to arrival at assessment site ----- PLEASE PRINT

Wrestler's Name _____	Grade	8	9	10	11	12
First MI Last						
Gender _____ Male _____ Female	Date of Birth _____	Age _____				
School _____						
Assessment Site _____	Assessment Date _____					

STEP 1 Assessment of Hydration
(specific gravity: less than or equal to 1.025)

Assessor Initials _____

STEP 2 Assessment of Height (round down to the nearest 1/2")

Assessor Initials _____

STEP 3 Body Fat (BIA) Assessment (Standard mode)

Record scratch weight to nearest 1/10 of a pound

Calculated % Body Fat (from Tanita print out)

Assessor Initials _____

_____	_____
Pass	Fail
_____ ft	_____ in

_____	lbs
_____	%

STAPLE ASSESSMENT PRINT OUT TO BACK OF FORM

GHS Assessor Signature _____

Date _____