Appendix C

WRESTLING MINIMUM WEIGHT CERTIFICATION
INDIVIDUAL PROFILE FORM

Name: _____ Grade: _____
(Last) (First)

School: _____

Gender: M / F Age: _____ Birth Date: _____

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DATA COLLECTION

Urinalysis: Specific gravity of urine: _____ Assessor: _____

Indicate pass or fail

Must be 1.025 or lower for testing to continue

Alpha Weight: _____ lbs.

Skin Fold Measurements (Take three measurements in each location):

Triceps: _____ _____ _____

Sub scapular: _____ _____ _____

Abdominal: _____ _____ _____

Assessor Name: _____
(Print) (Signature)

Date: _____