

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

GHSA Assessor Signature _____

Date _____