

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 _____