

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 \_\_\_\_\_