

# MSHSAA Skinfold Data Collection Form

## WRESTLING MINIMUM WEIGHT CERTIFICATION INDIVIDUAL PROFILE FORM

Name: \_\_\_\_\_ Grade: \_\_\_\_\_  
First Name, Middle Int Last Name

School: \_\_\_\_\_

Gender: M / F Age: \_\_\_\_\_ Birth Date: \_\_\_\_\_

### DATA COLLECTION

Alpha Date:(Date of the Assessment) \_\_\_\_\_

Urinalysis: Specific Gravity of Urine: \_\_\_\_\_ Assessor: \_\_\_\_\_

**Indicate: Pass/Fail** Must be 1.025 or lower for testing to continue

Alpha Weight: \_\_\_\_\_ lbs. Assessor: \_\_\_\_\_

Skinfold Measurements (Take three measurements at each location)

Triceps: \_\_\_\_\_

Subscapular: \_\_\_\_\_

Abdominal: \_\_\_\_\_

Assessor Name: \_\_\_\_\_ Date: \_\_\_\_\_

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