MSHSAAA 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)____________________              Assessor:______________________________
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: ________    ________    ________

Note: No Abdominal measurement on Female wrestlers

Assessor Name:________________________________________       Date:______________________________