



GEORGIA HIGH SCHOOL ASSOCIATION

P. O. Box 271

Thomaston, Georgia 30286-0004

706-647-7473

WRESTLING MINIMUM WEIGHT CERTIFICATION INDIVIDUAL PROFILE FORM

***This block to be completed prior to arrival at Assessment site* PRINT ONLY**

Wrestler's Name: _____	Grade: 9 10 11 12
<small>First</small> <small>MI</small> <small>Last</small>	
Gender: Male _____ Female _____	Birthdate: _____
School: _____	
Location of Assessment: _____	
Type of Assessment: Initial Assessment _____	Second Assessment _____

STEP 1 -- Assess hydration level of athlete

Note: Specific gravity must be equal to or less than 1.025

PASS

FAIL

Assessor Initials: _____

STEP 2 -- Assess height (in feet and inches) of athlete

Note: Round down to nearest 1/2"

Assessor Initials: _____

STEP 3 -- Bioelectrical Impedance Assessment

Note: Approved equipment: Tanita TBF-300WA (Standard Mode)

Record scratch weight at initial assessment

Note: Record weight to nearest 1/10 of a pound

Lbs

Calculated Body Fat (Fat% on Tanita print-out)

%

Assessor Initials: _____

STAPLE ASSESSMENT PRINT-OUT TO BACK OF FORM

GHSA Assessor Signature: _____

Date: _____