**WRESTLING MINIMUM WEIGHT CERTIFICATION**
**INDIVIDUAL PROFILE FORM**

Name:________________________________________________________ Grade: _____________
Last, First

School: _________________________________________________________________________

Gender: M / F Age: _______________ Birth date: ______________________________

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**DATA COLLECTION**

Urinalysis: Specific gravity of urine: _______________ Assessor: ______________________________
**Indicate pass or fail**
Must be 1.025 or lower for testing to continue

Alpha Weight: ____________________ lbs.

Skin Fold Measurements (Take three measurements in each location):

Triceps:_______ ________ ________

Subscapular:________ ________ ________

Abdominal:________ ________ ________

Assessor Name:_____________________________________________________________

Date: __________________________