WRESTLING MINIMUM WEIGHT CERTIFICATION
INDIVIDUAL PROFILE FORM

☐ **CHECK BOX IF THIS IS A RE-TEST (FAILED HYDRATION)**

☐ **CHECK IF THIS IS AN APPEAL**

☐ **CHECK IF THIS IS A RE-ASSESSMENT** Gender: **M / F**

Name: _____ **Grade**: _____
First name M Last name

School: _____ $5.00 Collected: **YES / NO**

DATA COLLECTION

Hydration / Urinalysis:

Specific gravity of urine: _____ Assessor: _____

Indicate **pass or fail** (circle one) Must be 1.025 or lower for testing to continue

Weight:

Alpha Weight: _____ lbs. (digital scale must be used)

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

Triceps: _____ _____ _____

Subscapular: _____ _____ _____

Abdominal: _____ _____ _____

Assessor Name: _____

Date: _____

MAIL THIS ASSESSMENT RECORD TO THE WIAA OFFICE:
WIAA
435 MAIN AVE. SOUTH
RENTON, WA 98057