WRESTLING MINIMUM WEIGHT CERTIFICATION INDIVIDUAL PROFILE FORM

Last,	Grade:
Lasi,	First Grade:
School:	
	Birth date:
*****	*******
	DATA COLLECTION
Urinalysis: Specific gravity of urine:	Assessor:
	Indicate pass or fail or lower for testing to continue
Nearest ½" (approximate)	lbs.
Tanita TBF body fat percentage *	
Assessor Name:	
Date:	
	INIMUM WEIGHT CERTIFICATION VIDUAL PROFILE FORM
INDI	VIDUAL PROFILE FORM
INDI	
INDIV Name: Last,	VIDUAL PROFILE FORM Grade: First
INDIV 	VIDUAL PROFILE FORM Grade: First
INDIV Name: Last, School:	VIDUAL PROFILE FORM Grade: First
Name:Last, School:Gender: M / F Age:	VIDUAL PROFILE FORM Grade: First
INDIV 	Grade: First Birth date:
INDIV Name:	Crade: First
INDIV Name: Last, School: Gender: M / F Age: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	Crade: First Birth date: Assessor: Indicate pass or fail
INDIV Name: Last, School: Gender: M / F Age: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	Grade: First Birth date: Assessor: Indicate pass or fail or lower for testing to continue
INDIV Name: Last, School: Gender: M / F Age: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	Grade: First Birth date: Assessor: Indicate pass or fail or lower for testing to continue
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INDIV	Grade: First Birth date: EXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
INDIV	Grade: First Birth date: EXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
Name:Last, School: Gender: M / F Age: xxxxxxxxxxxxxxxxxxxxxxx Urinalysis: Specific gravity of urine: Must be 1.025 o Height: Nearest ½" (approximate) Tanita TBF body fat percentage *	Grade: First Birth date: EXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
Name:Last, School: Gender: M / F Age: xxxxxxxxxxxxxxxxxxxxxx Urinalysis: Specific gravity of urine: Must be 1.025 o Height: Nearest ½" (approximate) Tanita TBF body fat percentage *	Grade: First Birth date: EXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX