

Assessor Copy

Texas Minimum Weight Certification Program

Weight Certification Form

GENDER (circle one): **MALE** **FEMALE**

Wrestler Name _____ Age _____

Grade _____ School _____

STEP 1: ASSESSMENT DATE _____

STEP 2: URINE SPECIFIC GRAVITY ASSESSMENT (circle one): **PASS** **FAIL**
If fail, wrestler must wait 24 hours to be re-assessed!

STEP 3: ALPHA WEIGHT _____

STEP 4: SKINFOLD MEASUREMENT
Measurement 1 **Measurement 2** **Measurement 3**

TRICEPS
(male/female) _____

SUBSCAPULAR
(male/female) _____

ABDOMINAL
(male only) _____

Assessor Name (PRINT) _____ and (Sign) _____

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School Copy