New York State Public High School Athletic Association, Inc.

Wrestling Minimum Weight Certification
Individual Profile Form

Coach, please complete (**PRINT**) to (xxx) line.

Name:_____ Grade: _____
Last, First

School:_____ Section:_____

Town/ City of School:_____

Gender: M/F Age: _____ Race: Caucasian, Hispanic, Black, Asian, Native American:

Other:_____

Desired Weight Class: _____ Birthdate: _____

Data Collection

Urinalysis: Specific Gravity of urine: _____ Assessor: _____

Indicate pass or fail

Must be below 1.025 for testing to continue.

Height: _____ Weight: _____lbs.

Nearest ½"

SKINFOLD MEASUREMENTS (SF)

(nearest .5mm)

				Average
Tricepts	_____	_____	_____	_____
Subscapular	_____	_____	_____	_____
Abdminal	_____	_____	_____	_____

Take 2 in series, if difference is less than or equal to .5 mm, record average SUM_____
If difference greater than .5 mm, take a 3rd and record average

Minimum Wrestling Weight Calculations

Body Density (BD) from Lohman Equation

BD = 1.0973 – (x.00815) + ( )^2 x .00000084

BD = 1.0973 – ( ) + ( )

BD = _____

% Body Fat (BF) From Brozek Equation

% BF = 4.57 / _____-4.42) x 100

Use data sheet on page 7 of the assessor's manual

%BF = _____

Calculating Minimum Weight at 7% BF

7% BF weight = 1 – (_____/100 x _____
% BF Current weight

_____
.93

OR

Minimum Weight at 7% BF = _____ lbs

_____
Minimum Weight Class

NYSPHSAA Accessor:_____ Date:_____

Send one copy to Athletic Director – Keep one copy for your files