New York State Public High School Athletic Association, Inc.
WRESTLING MINIMUM WEIGHT CERTIFICATION
INDIVIDUAL PROFILE FORM - MALES

Coach: Please complete (print) to dotted line

Name: ____________________________ Grade: ______
   Last   First

School: ____________________________ Section: ___________

Town/City of School: ____________________________

Athletic Director’s email address: ____________________________

Race: Caucasian, Hispanic, Black, Asian, Native American, Other __________

DATA COLLECTION

Urinalysis: Specific gravity of urine: __________ (indicate pass or fail)
Must be 1.025 or lower for testing to continue

Assessor: ____________________________

Weight: ______ lbs.

SKINFOLD MEASUREMENTS (SF) (nearest .5 mm)

Average

Triceps
Subscapular
Abdominal
Take 3 in series.

SUM

MINIMUM WRESTLING WEIGHT CALCULATIONS

BODY DENSITY (BD) from Lohman Equation

BD = 1.0973 - ( __________ x .000815) + ( __________)² x .00000084

BD = 1.0973 - ( __________) + ( __________)

BD = __________

% BODY FAT (BF) from Brozek Equation

%BF = (4.57 ÷ __________ - 4.142) x 100

Use data sheet on page 14 of Assessors Manual

%BF = __________

CALCULATING MINIMUM WEIGHT AT 7% BF

7% BF weight = [1 - ( __________ ÷ 100) x __________ ] ÷ .93
or

Minimum Weight at 7% BF = ______ lbs.

NYSPHSAA Assessor ____________________________ Date _______

Send one copy to the Athletic Director - Keep one copy for your files