Nevada Interscholastic Activities Association

WRESTLING MINIMUM WEIGHT CERTIFICATION
INDIVIDUAL PROFILE FORM

Parental Permission Form *yes_____* *no ____ if no do not assess wrestler*
Please complete (PRINT) to (x x x) line.

Type of Assessment: Original _______ Re-Assessment _______

Name:____ Grade: _______
First MI Last

School: ____

Gender: M / F Age: _______________ Birth date: _______________________________

Desired Weight Class: ______________

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DATA COLLECTION

Urinalysis: Specific gravity of urine: ________________ Assessor: ________________________
Indicate pass or fail
Must be 1.025 or lower for testing to continue

Height: ___________________________ Weight: __________________________ lbs.
Nearest ½"(round up or down)

Tanita TBF body fat percentage *___________

NIAAWMP Assessor:____

Date: ___________________________

- **Any wrestler measuring below 7% body fat must be given the Physician Clearance Form on Health Risk from low body fat percentage and will not be allowed to wrestle until it is returned and the wrestler is posted on the Alpha Master.**

Received Release Form:

____ ____
Signature of wrestler **Signature of coach**