

BODY FAT MEASUREMENT FORM
REQUIRED FOR ALL APPLICANTS

TO BE COMPLETED BY A HEALTH PROFESSIONAL, CERTIFIED FITNESS PROFESSIONAL OR HIGH SCHOOL ATHLETIC TRAINER

THE SAME MEASUREMENT IS TAKEN 3 SEPARATE TIMES IN A ROW TO IMPROVE ACCURACY

Applicant's Name: _____

Male

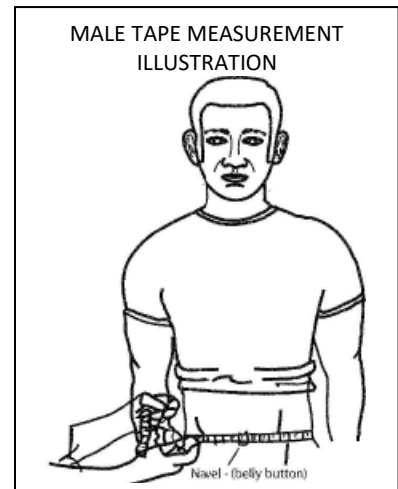
Height: _____ (in inches)

Weight: _____ (pounds)

Waist #1: _____ (to the nearest ½ inch)

Waist #2: _____ (to the nearest ½ inch)

Waist #3: _____ (to the nearest ½ inch)



Tape measure is held at the level of the belly button

Female

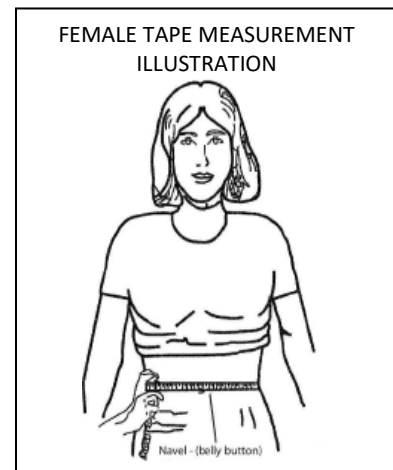
Height: _____ (in inches)

Weight: _____ (pounds)

Waist #1: _____ (to the nearest ½ inch)

Waist #2: _____ (to the nearest ½ inch)

Waist #3: _____ (to the nearest ½ inch)



SIGNATURE: _____

HEALTH PROFESSIONAL, CERTIFIED FITNESS PROFESSIONAL OR HIGH SCHOOL ATHLETIC TRAINER

Date: _____