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

MINIMUM WRESTLING WEIGHT CALCULATIONS

BODY DENSITY (BD) from Lohman Equation

BD = 1.0973 - (____ x .000815) + (____)^2 x .00000084
SUM SF SUM SF

BD = 1.0973 - (_____) + (_____)

BD = _____

% BODY FAT (BF) from Brozek Equation

%BF = (4.57 ÷ ____ - 4.142) x 100
BD

Use data sheet on page 15 of Assessors Manual

%BF = _____

CALCULATING MINIMUM WEIGHT AT 7% BF

7% BF weight = [1 - (____ ÷ 100) x _____] ÷ .93
%BF current weight

or

Minimum Weight at 7% BF = _____ lbs.

_____
Minimum Weight Class

NYSPHSAA Assessor _____ Date _____

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