

## **BODY FAT MEASUREMENT FORM**

*REQUIRED FOR ALL APPLICANTS*

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

Please see attached diagram for tape measurement illustration.

**THIS INFORMATION MUST BE ACCURATE. STUDENTS WHO EXCEED PRESCRIBED STANDARDS WILL BE DENIED ENTRY AT MATRICULATION.**

Applicant's Name: \_\_\_\_\_

### **Male**

Height: \_\_\_\_\_ (inches)

Weight: \_\_\_\_\_ (pounds)

Neck: \_\_\_\_\_ (to the nearest ½ inch)

Waist: \_\_\_\_\_ (to the nearest ½ inch)

### **Female**

Height: \_\_\_\_\_ (inches)

Weight: \_\_\_\_\_ (pounds)

Neck: \_\_\_\_\_ (to the nearest ½ inch)

Waist: \_\_\_\_\_ (to the nearest ½ inch)

Hips: \_\_\_\_\_ (to the nearest ½ inch)

SIGNATURE: \_\_\_\_\_

HEALTH PROFESSIONAL, CERTIFIED FITNESS PROFESSIONAL OR HIGH SCHOOL TRAINER

Date: \_\_\_\_\_