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: ______________________