VIRGINIA MILITARY INSTITUTE

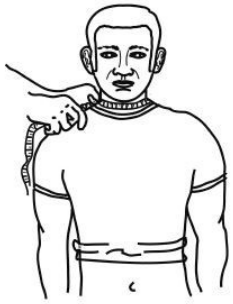
BODY FAT MEASUREMENT FORM

REQUIRED FOR ALL APPLICANTS

TO BE COMPLETED BY A HEALTH PROFESSIONAL, CERTIFIED FITNESS PROFESSIONAL OR ATHLETIC TRAINER
Please see diagram below for tape measurement illustration.

Applicant's Name: _____


NECK - Men


NECK - Men

Male

Height: _____ (**inches)**

Weight: _____ (**pounds)**

Neck: _____ (**to the nearest ½ inch)**

Waist #1	Waist #2	Waist #3

Please measure waist THREE times to improve accuracy
***Measure to nearest 1/2 inch*

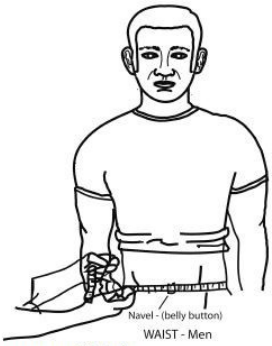


Figure B–3. Male tape measurement illustration

Female

Height: _____ (**inches)**

Weight: _____ (**pounds)**

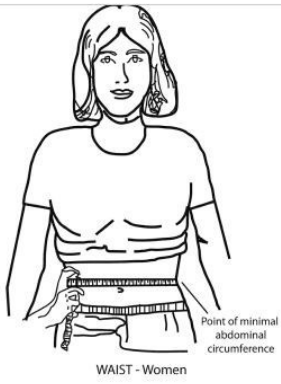
Neck: _____ (**to the nearest ½ inch)**

Hips: _____ (**to the nearest ½ inch**)

Waist #1	Waist #2	Waist #3

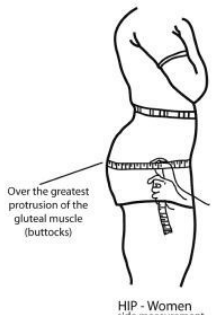
Please measure waist THREE times to improve accuracy
***Measure to nearest 1/2 inch*


NECK - Women



WAIST - Women


HIP - Women
side measurement



HIP - Women
side measurement

Figure B–4. Female tape measurement illustration

Signature: _____
HEALTH PROFESSIONAL, CERTIFIED FITNESS PROFESSIONAL OR ATHLETIC TRAINER

Printed Name: _____
HEALTH PROFESSIONAL, CERTIFIED FITNESS PROFESSIONAL OR ATHLETIC TRAINER

Date: _____