



OSAA BIA Data Form

Wrestler Name: _____ Grade: 9 10 11 12
First MI Last

Gender: _____ Male _____ Female Age: _____

School: _____ Classification: 1A 2A 3A 4A 5A 6A

Location of Assessment: _____ Date: ___/___/___

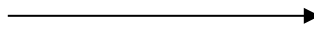
Type of Assessment: _____ Initial Assessment _____ Appealed Assessment (**Note: Check weight at time of initial assessment**)

Failed Hydration Repeat - 2nd 3rd 4th

OSAA Assessor _____

Step 1 – Assess hydration level of athlete
 (Note: Specific gravity must be < 1.025)

Assessor _____

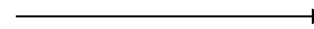


PASS

FAIL

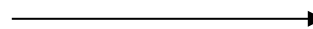
Step 2 – Assess height (in feet and inches) of athlete

Assessor _____



Step 3 – Bioelectrical Impedance Assessment

Record scratch weight at initial assessment


 Lbs

STAPLE ASSESSMENT PRINT-OUT HERE

Calculated Body Fat


 %

Note: The Oregon Wrestling Weight Monitoring Program requires a Physicians Release Form for any wrestler assessed below 7% body fat for males and 12% body fat for females. The assessor shall provide the wrestler with the form at the time of assessment.