

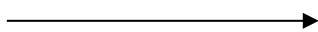


OSAA BIA Data Form

Wrestler Name: _____	First _____	MI _____	Last _____	Grade: 9 10 11 12
Gender: _____ Male	Female	Age: _____		
School: _____				Classification: 1A 2A 3A 4A 5A 6A
Location of Assessment: _____				Date: ____/____/____
Type of Assessment: _____	Initial Assessment	Appealed Assessment (check weight at initial assessment)		
Failed Hydration Repeat -	<input type="checkbox"/> 2 nd	<input type="checkbox"/> 3 rd	<input type="checkbox"/> 4 th	
OSAA Assessor _____				

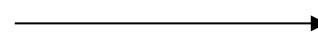
Step 1 – Assess hydration level of athlete*(Note: Specific gravity must be < 1.025)*

Assessor _____



PASS

FAIL

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

Assessor _____

Step 3 – Bioelectrical Impedance Assessment

Note: Approved equipment: Tanita TBF-300WA/WAplus, Tanita TBF-400WA (Standard Mode) or InBody 120/570

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.