



IOWA HIGH SCHOOL ATHLETIC ASSOCIATION

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BODY COMPOSITION & HYDRATION ASSESSMENT DATA COLLECTION FORM

Wrestler's First and Last Name: _____

School: _____ Date: _____

Grade: _____ Gender: Male _____ Female _____

Weight: (**ROUND DOWN** to the nearest pound) _____

HYDRATION ASSESSMENT Pass _____ Fail _____

(If the wrestler failed the hydration assessment DO NOT proceed to the body composition assessment.)

SKINFOLDS (Conduct All Three Trials)

Measurements: (to nearest ½ millimeter and enter **ALL THREE** trials)

	Trial 1	Trial 2	Trial 3
Triceps (<i>male & female</i>)	_____	_____	_____
Subscapular (<i>male & female</i>)	_____	_____	_____
Abdominal (<i>male only</i>)	_____	_____	_____

TANITA, FUTREX, INBODY, BOD POD, DEXA, STYKU 3D

Percent body fat: (**ROUND UP** to the nearest whole percent) _____%

This is NOT a mandatory form but is provided for those assessors who wish to use it.

A data collection form is not provided for hydrostatic weighing as it is assumed assessors using this method will have their own data collection instrument.