

**Alabama High School Athletic Association
WRESTLING MINIMUM WEIGHT CERTIFICATION
INDIVIDUAL PROFILE FORM**

PLEASE PRINT

Wrestler's First Name: _____

Last Name: _____

School Name: _____

Grade: _____

Gender: _____ Male _____ Female

Age: _____

Birth Date: _____

XX

DATA COLLECTION

Urinalysis: Specific gravity of urine: _____

Assessor: _____

Indicate Pass or Fail

Must be 1.025 or lower for testing to continue

Height to nearest ½ inch: _____

Weight: _____

Tanita TBF body fat percentage: _____

AHSAA Assessor: _____

Date: _____