

NYSPHSAA MWW Individual Profile Form  
**WRESTLING MINIMUM WEIGHT CERTIFICATION  
INDIVIDUAL PROFILE FORM**

CHECK IF:  
APPEAL

Name: \_\_\_\_\_ Grade: \_\_\_\_\_  
Last, First

School: \_\_\_\_\_

Gender: Male / Female Age: \_\_\_\_\_

XX

**DATA COLLECTION**

Urinalysis: Specific gravity of urine: \_\_\_\_\_ Assessor: \_\_\_\_\_  
**Indicate pass or fail**  
(Must be 1.025 or lower for testing to continue)

Actual Weight: \_\_\_\_\_ lbs.

Skin Fold Measurements (Take three measurements in each location):

Triceps: \_\_\_\_\_

Subscapular: \_\_\_\_\_

Abdominal: \_\_\_\_\_

Certified Minimum Weight: \_\_\_\_\_ lbs.



Initials of Wrestler

Assessor Signature: \_\_\_\_\_ Date: \_\_\_\_\_