6830 Via Del Oro Suite 103, San Jose CA 95119
California Interscholastic Federation /Central Coast Section

INDIVIDUAL PROFILE FORM

- WRESTLER'S IDENTIFICATION INFORMATION:

Please complete the requested information immediately below, prior to arriving at your weight certification assessment:

**Coaches: Please make a copy of this form for each of your wrestlers. This form must be given to your Certified Assessor to complete the assessment for each wrestler. The Certified Assessor will retain this form.

Parental Permission Form signed: *yes*___ ***no*** ____ ***(if no, do not assess wrestler)***

(check one) Initial Assessment _____ Retest Failed Hydration _____ Appeal of the initial Assessment _____
Date of initial Assessment _____

Please complete (PRINT) the first three lines.

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

School: _____

Gender: M / F Age: _____ Date of Birth: _____

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DATA COLLECTION INFORMATION

To be completed ONLY by the CIF Assessor or designated Assistant

1. HYDRATION TEST:

Specific Gravity of urine: Reading: _____ PASS_____ FAIL_____
***(must be 1.025 or LOWER for assessment to continue)**

- If a wrestler is dehydrated and does not meet the standard (1.025 or lower), any further testing stops.
- The wrestler cannot be tested again for 24 hours from the time they failed the previous test.

2. HEIGHT MEASUREMENT: Height: _____ (nearest ½")

3. BODY COMPOSITION TESTING (Tanita Scale)

Weight: _____ lbs Tanita FAT % _____

- **Check here ONLY if this wrestler is BELOW 7% for boys or 12% for girls:** _____

If a wrestler is below 7% for boys or 12% for girls, they may not wrestle until they have been cleared by a Physician. Inform the wrestler, complete the **Assessment Information** portion of the Physician's Clearance form, sign it and give it to the wrestler or school personnel. **DO NOT enter such a wrestler's assessment data on the NWCA web page.** Keep this form and the scale printout in your files and return to the CCS Office with the other wrestlers' paperwork for this school.

CIF Assessors name (print) _____

CIF Assessor's signature _____**Date** _____