

IHSA Wrestling Weight Control Data Worksheet

School Name _____ IHSA School ID Number _____

Wrestler Name	Gender M or F	Urine Specific Gravity Test P=Pass, F=Fail	Alpha Weight	Abdominal	Triceps	Sub Scapula	Date
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Wrestler Name	Gender M or F	Urine Specific Gravity Test P=Pass, F=Fail	Alpha Weight	Abdominal	Triceps	Sub Scapula	Date
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Signature Certified Body Fat Tester _____ Date _____