

# PERSONAL APPEARANCE/BODY FAT MEASUREMENTS

NAME: \_\_\_\_\_ RATE/RANK: \_\_\_\_\_

HEIGHT (IN INCHES): \_\_\_\_\_

WEIGHT: \_\_\_\_\_

NECK MEASUREMENT: \_\_\_\_\_

WAIST MEASUREMENT: \_\_\_\_\_

PERCENT OF BODY FAT: \_\_\_\_\_

DATE: \_\_\_\_\_

\_\_\_\_\_  
HEALTH CARE PROFESSIONAL  
SIGNATURE & STAMP