## OHSAA Wrestling Alpha Weight Individual Profile / Reassessment / Appeal Form

Reassessment / Appeal Assessment to Determine Minimum Wrestling Weight

Master Assessors and approved air or water displacement sites use the Appeal Link on www.trackwrestling.com

Parental Per	mission Form YES	NO	_ (If no, do	not assess wr	estler)
Wrestler's N	ame		(	GENDER: M I	=
Grade	School	School ID #			
Assessor's N	Name				
Assessor's F	Phone Number			_	
Type of Asse	essment: Original	Re-Asse	ssment	Appeal	
Urine Collec	tion Cup #	_			
STEP 1: UR	INE SPECIFIC GRAV  If failed, wrestle  MUST record	er must wai	t 48 hours	to be re-asse	ssed!
		PASS	FAIL		
STEP 2: AL	PHA DATE	(This is	the date of the	e initial measuremen	t or appeal)
STEP 3: WE	IGHT				
STEP 4: SK	INFOLD MEASUREM	IENT			
• Tricep	Measurement		_		
• Subsc	capula Measurement				
<ul> <li>Abdor</li> </ul>	minal Measurement				
<b>⊹</b> M	∻ Continue נ lust input results wit			ers within a mn nte. Same day	
APPEAL O	NLY (Site must be ap	oproved by	OHSAA)		
• Hydro	ostatic Weighing or Bo	d Pod: Per	cent body f	at	

- ❖ Must be completed within 14 days of original alpha date
- Complete Steps 1-3 prior to body composition testing
  - ❖ Input results within 72hrs. Same day is preferred