Name: _____ **Birth Date:** ____/____/____

	Date:							
	Time:							
	Measured by:							
Circumference Measurements	**Neck**							
	Shoulders							
	Chest							
	Waist							
	Hips							
	Right Arm							
	Left Arm							
	Right Forearm							
	Left Forearm							
	Right Thigh							
	Left Thigh							
	Right Calf							
	Left Calf							
Body Composition (Seven-Site)	**Weight**							
	Chest							
	Subscapular							
	Midaxillary							
	Triceps							
	Suprailiac							
	Abdomen							
	Thigh							
	Skinfolds Total							
	% Body Fat							
	Fat							
	Lean							