

VIRGINIA MILITARY INSTITUTE
BODY FAT MEASUREMENT FORM
REQUIRED FOR ALL APPLICANTS

TO BE COMPLETED BY A HEALTH PROFESSIONAL, CERTIFIED FITNESS PROFESSIONAL OR ATHLETIC TRAINER
Please see diagram below for tape measurement illustration.

Applicant's Name: _____

Male

Height: _____ (inches)

Weight: _____ (pounds)

Neck: _____ (to the nearest ½ inch)

Waist #1	Waist #2	Waist #3

Please measure waist THREE times to improve accuracy

**Measure to nearest 1/2 inch*

Female

Height: _____ (inches)

Weight: _____ (pounds)

Neck: _____ (to the nearest ½ inch)

Hips: _____ (to the nearest ½ inch)

Waist #1	Waist #2	Waist #3

Please measure waist THREE times to improve accuracy

**Measure to nearest 1/2 inch*

Signature: _____

HEALTH PROFESSIONAL, CERTIFIED FITNESS PROFESSIONAL OR ATHLETIC TRAINER

Printed Name: _____

HEALTH PROFESSIONAL, CERTIFIED FITNESS PROFESSIONAL OR ATHLETIC TRAINER

Date: _____



NECK - Men



NECK - Men



Figure B-3. Male tape measurement illustration



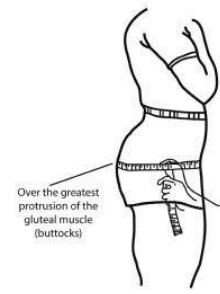
NECK - Women



WAIST - Women



HIP - Women
side measurement



HIP - Women
side measurement

Figure B-4. Female tape measurement illustration