

Body Composition Measurement



Name: _____ Date: _____

Height: _____

Weight: _____

Body Mass Index (BMI): _____

Circumference Measurement

Site	Measurement 1	Measurement 2
Waist		
Hips		
Neck		
Chest		
Thighs		
Calves		
Biceps		

Waist-to-Hip Ratio: _____

Skinfold Measurement

Protocol: _____

Site	Measurement 1	Measurement 2
Triceps		
Biceps		
Chest		
Abdominal		
Mid-axillary		
Subscapular		
Suprailiac		
Thigh		
Total		

Body Fat %: _____