Oregon Wresting Weight Monitoring Program
HYDROSTATIC WEIGHING PROPOSAL
(Step 1) – Complete and Return to the OSAA

A wrestler may choose to be hydrostatically weighed to determine body fat percentage. Results obtained at this step are automatically accepted; the athlete, family, school or coach may not appeal further.

Student to be weighed _____ Grade _____

School _____

Proposed Hydrostatic Weighing Facility _____

We understand that the results of the hydrostatic weighing will replace all previous bioelectrical impedance assessments, cannot be appealed, cannot be modified by the Physicians Clearance form, or any other action, and will remain the reference for this student during this school year.

Parents Signature _____ Date ____/____/____

Coaches Signature _____ Date ____/____/____

AD Signature _____ Date ____/____/____

Submit this completed form to the OSAA, 25200 SE Parkway Ave, Suite 1, Wilsonville, Oregon 97060, (scan and send to kellyf@osaa.org) to the hydrostatic weighing. Weighing can take place once this form has been signed by the OSAA and returned to the school. The hydrostatic weighing form shall be completed by the technician who will forward it to the OSAA.

OSAA Approval is required before Hydrostatic Weighing may be conducted

☐ Approval is granted to conduct the hydrostatic weighing as proposed provide the wrestler has not wrestled a varsity match

☐ Approval is denied - Facility Unacceptable Technician Unacceptable

OSAA Signature _____ Date ____/____/____

Wrestler shall not compete until OSAA approval of Hydrostatic results is received by the school.

Hydrostatic Weighing Report Form

(Step 2) – Complete Step 1 prior to using this form

- **Please review site specific instructions prior to arriving at the site.**
- **Subject shall be hydrated (specific gravity less than 1.025) at time of test.**
- **Subject shall fast six (6) hours prior to test.**
- **Wrestler shall not compete until OSAA approval of Hydrostatic results is received.**

Please type or print in ink – Hydrostatic Weighing is invalid without an approved Hydrostatic Weighing Proposal.

Name _____ Grade _____ Test Date ____/____/____

School _____ School ID# _____

Weight at initial assessment _____

Note: Weight loss restriction after initial assessment:
- *Days 1 to 7 - no weight loss allowed*
- *Days 8 to 14 - 1.5% of weight at initial assessment*

Appeal Weight: [ ] lbs ÷ 2.2 = [ ] kg x 1000 = [ ] grams

Estimated Vital Capacity:

a)_____ml b)_____ml c)_____ml → Peak [ ] ml

Temperature (Centigrade) H_2O_____ Density H_2O_____

Residual Volume: Male (VC x .24) = [ ] ml Female (VC x .28) = [ ] ml

Water Weight: Repeat the measurement process to achieve
1. Progressively heavier weight
2. Progressively less scale deviation
3. Increasing subject comfort
4. < 50 grams scale deviation

Measure 10 record heavier 6

1 [ ] 2 [ ] 3 [ ] 4 [ ] 5 [ ] 6 [ ]

Peak value of 1- 6 above [ ] MINUS Apparatus Value [ ] = Water Weight [ ]

Bd = $\frac{\text{Wa}}{(\text{Wa} - \text{Ww}/\text{DW}) - (\text{RV} \div 100)}$ = Body Density [ ] → %BF = (457 / Bd) – 414.2 = **% Body Fat** [ ]

Evaluator_____ Date____/____/____

Notes: VC = Vital Capacity; DW = Density of Water; Wa = Weight in grams; RV = Residual Volume; Bd = Body Density; ml = Millimeter; Ww = Weight under Water; Kg = Kilograms

Scan completed form to: OSAA, Kelly Foster, Assistant Executive Director, kellyf@osaa.org