



SDHSAA WEIGHT MANAGEMENT ASSESSMENT

Must be complete (typed) by school prior to assessment:

High School: _____

Athlete Name: _____

Grade: _____

Age: _____

Male

Female



Must be completed by assessor on the day of assessment:

Height (to nearest 1/2"): _____

Hydration Reading: _____

Hydration Result (circle one):

Pass
(0.000-0.0250)

Fail
(0.0251 and above)

Athlete Signature: _____

Assessment Date: _____