



- Do not schedule a test if the wrestler has a lung or pulmonary disorder, including the common cold or influenza.
- The 1.5% weight loss limitation (see individual's weight loss plan) shall be observed.
- Bring the signed/approved weighing proposal (Step 1) form to the weighing site.
- **No later than Jan. 15th -- the one exception being for a wrestler who receives an alpha measurement for the first time after Jan. 15th; this athlete has 21 days or the alpha deadline, whichever is first, for appeal.
- Results will be emailed to the MHSAA by the testing facility within 24 hours.

HYDROSTATIC WEIGHING DIRECTIONS

1. Wrestlers are to avoid vigorous activity for 8-12 hours prior to testing.
2. Avoid caffeine and other non-essential stimulants (pop, candy, chocolate) for 8-12 hours prior to testing.
3. Do not eat within the six hours before the test. Drink plenty of water to ensure that you are well hydrated.
4. Wear lightweight swim attire during the test to reduce the potential of trapping air within the suit. Females should wear two-piece swimsuits or competition nylon swimsuits. Swim caps trap air, so are inappropriate. Long hair should be cleansed of oil and tied back with a non-metallic hair tie.
5. Subjects should report for the test free of all jewelry; including earrings, bracelets, rings and other items.
6. Try to avoid gaseous foods for two days prior to testing.
7. All athletes should urinate and expel any gas or feces from the bowels prior to testing.
8. Practice expelling your air and holding it for as long as you can. This will make your testing experience more familiar.
9. **Forty-eight hour waiting period for all FAILED hydration tests.

DXA / BOD POD DIRECTIONS

Follow testing instructions given facility.



HYDROSTATIC/DXA/BOD POD WEIGHING PROPOSAL

Hydro-Step 1

STEP 1: As the FINAL step of the Michigan Weight Monitoring Program, a wrestler may choose to be hydrostatically/DXA/Bod Pod weighed to determine body fat percentage. Results obtained at this step are FINAL and may not be appealed further.

A. Student to be weighed: _____ Grade: _____
School: _____ Date of Most Recently Approved Skinfold: _____
Athletic Director: _____ Email: _____
Coach: _____ Email: _____

MOST RECENT SKIN FOLD DATA (REQUIRED)				
TRICEPS	SUBSCAPULA	ABDOMEN	BF%	MWW
1.	1.	1.		
2.	2.	2.		
3.	3.	3.		

B. Facility: (Circle One): ALMA AM TOTAL CMU GOLD GPXRAY GVSU HFHS HOPE KEORL

Technician conducting the weighing: _____ Work #: (_____) _____

B1. Hydrostatic/DXA/Bod Pod weighing must occur by Jan. 15th at the facility indicated.

B2. The wrestler will take the signed and approved Hydrostatic/DXA/Bod Pod Weighing Proposal to the Technician.

B3. The wrestler will take to the technician the most recent copy of the Alpha Master which lists his/her name.

B4. Results will be available within 72 hours after Hydrostatic/DXA/BodPod Weighing.

C. The wrestler shall fast six hours prior to the hydrostatic/DXA/Bod Pod weighing. DRINK ONLY WATER (at least 3-6 cups within six hours). The wrestler shall be sufficiently hydrated (pale yellow urine). **Hydration will be measured by technician immediately prior to hydrostatic weighing.** Wrestler shall be hydrated (specific gravity less than 1.025) at time of test. If not, the wrestler must wait at least 48 hours before being retested for specific gravity and hydrostatic weighing.

D. The 1.5% weight loss limitation shall be observed when conducting hydrostatic/DXA/Bod Pod weighing.

E. **We understand that the results of the hydrostatic/DXA/Bod Pod weighing will replace ALL previous Skinfold results, cannot be appealed, cannot be modified by the Physician's Clearance form, or any other action, and will remain the reference for this student during this school year.**

Parent Signature: _____ Date: _____

Head Coach Signature: _____ Date: _____

Return completed form to the MHSAA by email: jamie@mhsaa.com **PRIOR** to the hydrostatic/DXA/Bod Pod weighing. Weighing may take place **once this form has been signed by the MHSAA and returned to the school.** The Hydrostatic Weighing Report Form (Step 2) shall be completed by the technician who will forward it to the MHSAA. DXA and Bod Pod reports shall be emailed to jamie@mhsaa.com by the testing facility.

MHSAA Approval is Required BEFORE Hydrostatic/DXA/Bod Pod Weighing May Be Conducted

F. ____ Approval is granted to conduct the hydrostatic/DXA/BodPod weighing as proposed

G. ____ Approval is denied ____ Facility unacceptable ____ Technician Unacceptable

MHSAA Signature _____ Date _____

(Mark Uyl, Dan Hutcheson, Jamie VanDerMoere or Sam Davis)

HYDROSTATIC WEIGHING REPORT FORM

HYDRO-STEP 2

STEP 2 Hydrostatic Weighing is INVALID without approved Hydrostatic Weighing Proposal- Step 1

SUBJECT SHALL FAST 6 HOURS PRIOR TO TEST - DRINK WATER ONLY

PLEASE TYPE OR PRINT IN INK –

Hydro Test Date: ____ / ____ / ____ School: _____

Name: _____ Grade: _____ Prev. Min. Wt. _____

NOTE: Subject shall be hydrated (specific gravity less than 1.025) at time of test. **Specific Gravity:** _____

WEIGHT: [] LBS. ÷ 2.2 = [] KG X 1000 = [] GRAMS

VITAL CAPACITY (Repeat 3 times; Record peak/highest value)

a) _____ ml b) _____ ml c) _____ ml → PEAK [] ml

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 [] g 2 [] g 3 [] g 4 [] g 5 [] g 6 [] g

Peak value of [] g MINUS Apparatus Value [] g = Water Weight [] g

TEMPERATURE (Centigrade) H₂O _____ DENSITY H₂O _____

Bd = $\frac{Wa}{Dw}$ BODY DENSITY [] % BODY FAT []

$\left(\frac{wa - ww}{Dw} \right) - (RV + 100)$ % BF = $\left(\frac{457}{Bd} \right) - 414.2$

Evaluator (print): _____ Phone: _____

Hydrostatic Weighing Facility: _____ Phone: _____

Address: _____ City: _____ Zip: _____

Evaluator's Signature: _____

KEY:	VC = Vital Capacity	Ww = Weight Under Water	ml = Milliliter
	Wa = Weight in Grams	DW = Density of Water	KG = Kilograms
	Bd = Body Density	RV = Residual Volume	g = Grams

Submit completed form by email – jamie@mhsaa.com

Evaluator Comments: