

**2025-2026
OSSAA WRESTLING WEIGHT MANAGEMENT PROGRAM
BODY FAT ANALYSIS APPEAL FORM**

To be completed by the coach and parent prior to the wrestler being retested

Please print

Name of student _____ Date _____

Name of school _____ Grade _____

Gender: Male _____ Female _____

Date of original assessment _____

Parent or Guardian consent: I hereby give my permission for the above named wrestler to be retested for hydration and body fat analysis. The retest will be done by either the original assessor using the same assessment method or by using the air displacement plethysmography method at one of the three approved designated Bod Pod Testing Centers. Failure to sign this consent form will result in a wrestler not being retested.

Parent or Guardian signature _____

Name of Original Assessor _____

Assessor's Address _____

City _____ State _____

Email address _____

Assessor's Phone number _____ Fax number _____

Body weight at original assessment (measured to a tenth of a pound) _____pounds

Method used for the original assessment: Skin calipers _____ Bio-Impedance _____

All wrestlers will have one opportunity to appeal their body fat assessment and minimum weight and must do so within 14 days of the initial assessment. If a wrestler's body fat test results are being appealed, the wrestler may not wrestle in interscholastic competition until the appeal results are posted on the school's alpha master form. A wrestler will have two options. Option A: The appeal must be made with the assessor who did the initial assessment and the same assessment method shall be used. A wrestler's body weight cannot be greater or less than 3 pounds of his initial assessment and if so, the appeal will not be valid and the original assessment will be used. A wrestler must also pass a hydration test before being retested. There will be a fee for retesting a wrestler. Option B: An appeal must be made through the original assessor and a wrestler can go to the certified testing center (Oklahoma University Health Science Center, Oklahoma City) and use the Bod Pod air displacement plethysmography method to determine body fat. A wrestler's body weight cannot be greater or less than 3 pounds of his initial assessment and if so, the appeal will not be valid and the original assessment will be used. A wrestler must also pass a hydration test before being tested.

A wrestler whose body fat is measured at sub-seven percent (males) or sub-twelve percent (females) and wishes to appeal their body fat assessment must meet the following requirement: their body weight at the appeal can be no lower than their original weight at the initial assessment and no greater than three pounds of their original weight at the initial assessment. If so, the appeal will not be valid and the original assessment will be used.

To be completed by the Assessor – Appeal assessment

Hydration test: Pass _____ Fail _____

Body weight (measured to a tenth of a pound) _____ pounds

Complete sections a or b**a. Skin Fold Measurement**

| | Test 1 | Test 2 | Test 3 |
|--------------------------|--------|--------|--------|
| Triceps | _____ | _____ | _____ |
| Subscapular | _____ | _____ | _____ |
| Abdominal (Male Only) | _____ | _____ | _____ |

OR**Bio-Impedance Assessment**

Student's Height _____

Percentage of Body Fat _____

Attach printer tape from the Tanita Bioelectrical Impedance 300WA machine (athletic male mode) to this form.

b. Bod Pod Air Displacement Plethysmography

Student's Height _____

Body Fat Percentage _____

Attach Bod Pod Body Composition Test results to this form.

Students electing to use the Bod Pod for their appeal method must pay the site a fee of \$25.00 at the time of their assessment.

Name of technician who administered the Bod Pod Air Displacement assessment:

_____ Email address _____

If this appeal was performed at the Bod Pod Testing Center, this form along with the Body Composition Test results must be immediately faxed or mailed to the original assessor. Also, a copy of the Body Composition Test results will be given to the athlete.