Name: _____

Circum-Reference	**Measure 1**	**Measure 2**	**Measure 3**	**Measure 4**	**Measure 5**	**Measure 6**	**Measure 7**	**Measure 8**	**Measure 9**	**Measure 10**
Date	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /
Neck										
Chest										
Arm Relax										
Arm Flex										
Waist										
Hips										
Thigh										
Calve										
Fat %										
Bicep										
Triceps										
Subscapila										
Supra lliac										
Total %										
BMI										
Height										
Weight										