

**NOAA DIVING PROGRAM
BODY COMPOSITION STANDARDS
ATTACHMENT - 1**

BODY COMPOSITION SCREENING FORM

NAME:	SOCIAL SECURITY #	
UNIT:	AGE:	SEX:
	Screen #	Screen #
1. FRAME SIZE CODE:		
2. HEIGHT (IN STOCKING FEET):		
3. WEIGHT (IN SHORTS/UNDERWEAR) IN LBS.:		
4. NECK*:		
5. ABDOMEN (MALES ONLY)*:		
6. NATURAL WAIST (WOMEN ONLY)*:		
7. HIP (WOMEN ONLY)*:		
% BODY FAT		

* Circumference Measurements are to the nearest 1/2 inch.

1. I have read the NOAA Diving Program Body Composition Assessment Policy and Procedures and have completed this form as per established guidelines.
2. The information provided is correct and accurate.

PHYSICIAN OR DESIGNEES SIGNATURE: _____

DATE: _____

PHONE/EMAIL: _____