

Minimum Fighters Weight (MFW)
SKIN TEST FORM

Date of Exam _____

Name of Fighter _____

FED ID# or MMA # _____ Date of Birth _____

Height _____ Current weight _____

Name of Person conducting the test is: _____

(Please Print)

I am a

1. Registered Physician (DO or MD) – Licensed in the state of _____

Please list State License # _____

2. Other – please list the certification/license that you have _____

Which test is being used to determine this Fighter's MFW: (circle one)

A. Skinfold measurement with calipers

B. Underwater weighing with a direct measure of residual volume (*Hydrostatic Weighing*)

C. Bod pod analysis

% of Body Fat = _____

Current Weight * % of Body Fat = _____ (the pounds of Body Fat)

Current weight – pounds of Body Fat = _____ (Lean Body Weight)

Lean Body weight * 5% = _____ (this is the Fighters MFW)

** MFW = _____

Signature of Fighter

Signature of person conducting the Test

Location/address of the site where Test was completed:

Street address CITY STATE

Telephone # _____