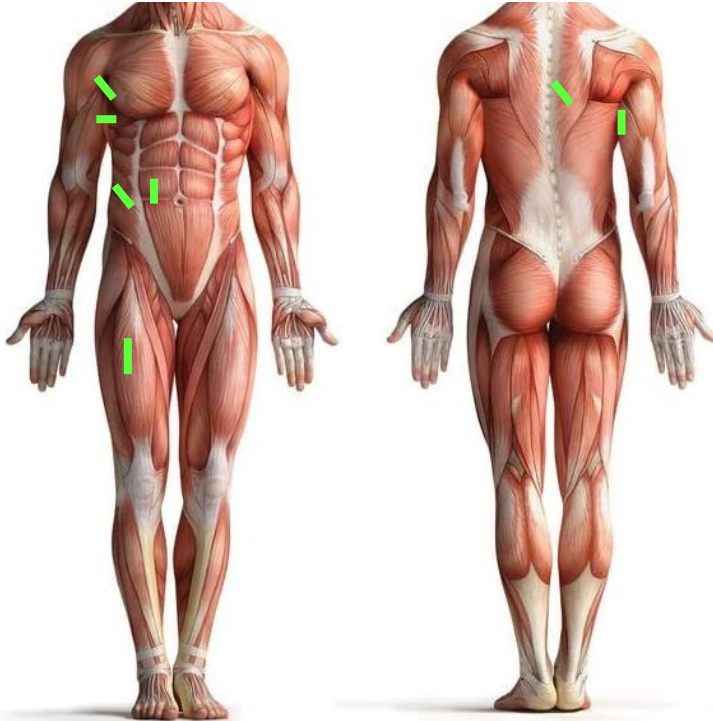


Date: _____

DOB: _____

EHP Skinfold Pinch Test Worksheet

Name: _____ Employee # _____ Age: _____ Weight: _____ lbs. Height _____ in.



Body Fat Chart		
Classification	Assigned Male at birth	Assigned Female at birth
Essential Fat	2-4%	10-12%
Athletes	6-13%	14-20%
Fitness	14-17%	21-24%
Acceptable	18-25%	25-34%
Obese	25.1% & greater	34.1% & greater

Body Fat % _____

Jackson / Pollock 7-Site Caliper Method (mm)

					(Average)
Chest	_____	_____	_____	=	_____
Abdominal	_____	_____	_____	=	_____
Thigh	_____	_____	_____	=	_____
Tricep	_____	_____	_____	=	_____
Subscapular	_____	_____	_____	=	_____
Suprailiac	_____	_____	_____	=	_____
Midaxillary	_____	_____	_____	=	_____

Results Verified by: _____ Fitness Specialist _____ Location _____

By signing below, you are acknowledging that the Cleveland Clinic Fitness Centers cannot guarantee a “passing” result and that there is an industry-standard 3-5% margin of error with the results of this type of body fat analysis. Also, I understand there are no refunds OR retests for any reason. Payment is to be paid prior to body fat analysis being performed.

For EHP, please submit to EHP Coordinated Care by Fax: 216.442.5795 or Email: EHPCoordinatedCare@ccf.org

Signature: _____

Date: _____