

FFL BODY FAT WORKSHEET

Employee Name: _____ Last 4 SSN#: _____ Date: _____

Printed Name of Technician: _____ Initials: _____

The County requires that contractors use the County's four-site skin fold procedure to estimate body fat. For complete details see the County's Clinical Testing Procedures.

All measurements must be made on the right side with the subject standing upright. Complete all of the initial tests at each site, recording each measurement to the nearest 0.5 mm. If the sum of the skinfolds is 40 or more, start over and complete a second test at each site. Be sure to do the second test in the same order as the initial testing. Take a third measurement if the measurements at a site differ by more than 2.0 mm.

HEIGHT (Barefoot): _____ WEIGHT: _____ WAIST: _____

Skin Fold Site	Test #1	Test #2 if Sum $\geq$ 40	Difference	Test #3 if Difference $>$ 2.0 mm	Average two closest measurements
Subscapular					
Triceps					
Biceps					
Suprailiac					
Sum					

Sum	% Body Fat		Sum	% Body Fat		Sum	% Body Fat		Sum	% Body Fat	
	Male	Female		Male	Female		Male	Female		Male	Female
40	17.1	24.7	55	21.0	29.3	70	24.0	32.8	85	26.4	35.7
41	17.4	25.1	56	21.2	29.5	71	24.1	33.0	86	26.5	35.9
42	17.7	25.4	57	21.4	29.8	72	24.3	33.2	87	26.7	36.0
43	18.0	25.7	58	21.6	30.1	73	24.5	33.4	88	26.8	36.2
44	18.2	26.1	59	21.8	30.3	74	24.7	33.6	89	27.0	36.4
45	18.5	26.4	60	22.0	30.5	75	24.8	33.8	90	27.1	36.5
46	18.8	26.7	61	22.3	30.8	76	25.0	34.0	91	27.3	36.7
47	19.1	27.0	62	22.5	31.0	77	25.2	34.2	92	27.4	36.9
48	19.3	27.3	63	22.7	31.3	78	25.3	34.4	93	27.5	37.0
49	19.6	27.6	64	22.8	31.5	79	25.5	34.6	94	27.7	37.2
50	19.8	27.9	65	23.0	31.7	80	25.6	34.8	95	27.8	37.3
51	20.0	28.2	66	23.2	31.9	81	25.8	35.0	96	27.9	37.5
52	20.3	28.5	67	23.4	32.2	82	25.9	35.1	97	28.1	37.7
53	20.5	28.7	68	23.6	32.4	83	26.1	35.3	98	28.2	37.8
54	20.8	29.0	69	23.8	32.6	84	26.2	35.5	99	28.3	38.0

For values outside of the range above, use the expanded table in the Clinical Testing Procedures.