IMPACT
ANTHROPOMETRIC/ULTRASOUND FORM

1. MEASUREMENT PERIOD: FALL 2000, SPRING 2001, SPRING 2002 (circle one)

2. ANTHROPOMETRIC QUALITY CONTROL DATE ____ ____/____ ____/____ ____
   M   D   Y

3. HEIGHT: ____ ____ . ____ ____ INCHES       STAFF INITIALS: ____ ____ ____

4. WEIGHT: ____ ____ . ____ ____ POUNDS       STAFF INITIALS: ____ ____ ____

5. CALF CIRCUMFERENCE: ____ ____ . ____ ____ CM       ____ right calf       ____ left calf
   STAFF INITIALS: ____ ____ ____

6. ULTRASOUND MEASUREMENT DATE: ____ ____ / ____ ____ / ____ ____

7. ULTRASOUND FALL 2000: right foot left foot

8. WHAT IS YOUR SHOE SIZE?______

9. WHICH OF THE FOLLOWING WERE YOU ENROLLED LAST SEMESTER (select 1)?
   PE          Drill Team/Dance
   Athletics   Cheerleading
   Life Skills PE    Other ________________

10. WHICH OF THE FOLLOWING ARE YOU CURRENTLY ENROLLED (select 1)?
   PE          Drill Team/Dance
   Athletics   Cheerleading
   Life Skills PE    Other ________________

11. STIFFNESS INDEX _______ right foot left foot (circle one)

   Note: If the stiffness index is <40 or >120, re-measure.
   Comment must be provided if stiffness index is out of range. If two consecutive measures produce stiffness index results above 120 &
   she has at least a size 6 foot, remeasure with adult shim. If the stiffness index is still above 120, ask the student if she is trained in
   gymnastics, ballet, or other athletics like basketball, volleyball, or cheerleading and note in the comments section.
   2nd stiffness index reading: _______ 3rd (adult) stiffness index reading: _______
   STAFF INITIALS: ____ ____ ____

12. COMMENTS: (If using DIFFERENT foot than Fall 2000, please state the reason here).
   ____________________________________________________________________________
   ____________________________________________________________________________
   ____________________________________________________________________________