

Name: _____ **Measurements**

Date: _____ 2nd: _____ 3rd: _____

Low waist: _____

Nat Waist: _____

High Waist: _____

Chest: _____

Widest Hip (w butt): _____

Widest Hip (no butt): _____

Thigh: _____

Right Bicep (flexed): _____

Right Calf: _____

(*men) wrist: _____

Weight: _____

Body Fat _____

Height: _____

Protein Grams _____

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