Stick Pupil I.D. Label here.	**WAVES Pupil Measurement Sheet 2015**	Staple Tanita Printout here.

Tanita Scale No:		BP Tru Machine No:		Calliper No:	

Name of person taking measure	Date: __ / __ / __	Time of measurements: __ : __	Room temperature: __ °C	Gender: **Male** **Female**	Non dominant side: **Right** **Left**
	Height: (to nearest 0.1 cm)	1. ___ . _ cm	2. ___ . _ cm	3. (If 1st 2 differ by more than 0.4cm) ___ . _ cm	
	Weight: (to nearest 0.1 kg)	Has been to the toilet? Yes / No	1. __ . _ kg		
	Blood Pressure:	1. Right - Systolic / Diastolic /	2. Right - Systolic / Diastolic /	3. (If error message/ out-of-range) Right arm /	Cuff size:
	Pulse Rate:	1.Right	2. Right	3. (If error message/ out-of-range) Right arm	
	State of the Child: (Please tick)	☐ Relaxed ☐ Nervous	☐ Still ☐ Restless	☐ Silent ☐ Not Silent	If the state of the child changes after the first reading please record in the comments section overleaf
	Within the last 30 minutes has the child: (Please tick)	Exercised ☐ Yes ☐ No	Eaten food ☐ Yes ☐ No	Had a drink ☐ Yes ☐ No	
	Skinfold Biceps: (to nearest 0.1 mm)	1. __ . _ mm	2. __ . _ mm	3. (If 1st 2 differ by more than 0.4 mm) __ . _ mm	4.(If none of 1st 3 within 0.4 mm) __ . _ mm
	Skinfold Triceps: (to nearest 0.1 mm)	1. __ . _ mm	2. __ . _ mm	3. (If 1st 2 differ by more than 0.4 mm) __ . _ mm	4.(If none of 1st 3 within 0.4 mm) __ . _ mm
	Skinfold Subscapular: (to nearest 0.1 mm)	1. __ . _ mm	2. __ . _ mm	3. (If 1st 2 differ by more than 0.4 mm) __ . _ mm	4.(If none of 1st 3 within 0.4 mm) __ . _ mm
	Skinfold Suprailiac: (to nearest 0.1 mm)	1. __ . _ mm	2. __ . _ mm	3. (If 1st 2 differ by more than 0.4 mm) __ . _ mm	4.(If none of 1st 3 within 0.4 mm) __ . _ mm
	Skinfold Thigh: (to nearest 0.1 mm)	1. __ . _ mm	2. __ . _ mm	3. (If 1st 2 differ by more than 0.4 mm) __ . _ mm	4.(If none of 1st 3 within 0.4 mm) __ . _ mm
	Thigh Circumference: (to nearest 0.1 cm)	1. __ . _ cm	2. __ . _ cm	3. (If 1st 2 differ by more than 0.2 mm) __ . _ cm	
	Arm Circumference: (to nearest 0.1 cm)	1. __ . _ cm	2. __ . _ cm	3. (If 1st 2 differ by more than 0.2 cm) __ . _ cm	
	Waist Circumference: (to nearest 0.1 cm)	1. __ . _ cm	2. __ . _ cm	3. (If 1st 2 differ by more than 0.4 cm) __ . _ cm	
	Actiheart Monitor:	N°:		Date Fitted:	__ / __ / __

Comments:

Non dominant side:	
Height:	
Weight:	
Blood Pressure:	
State of the Child:	
Activity/Food/Drink:	
Skinfold Biceps:	
Skinfold Triceps:	
Skinfold Subscapular:	
Skinfold Suprailiac:	
Skinfold Thigh:	
Thigh Circumference:	
Arm Circumference	
Waist Circumference:	
Actiheart monitor:	