

Body Measurements

CHEST

Date: in/cm:	Date: in/cm:	Date: in/cm:	Date: in/cm:
Date: in/cm:	Date: in/cm:	Date: in/cm:	Date: in/cm:
Date: in/cm:	Date: in/cm:	Date: in/cm:	Date: in/cm:

ARM

Date: in/cm:	Date: in/cm:	Date: in/cm:	Date: in/cm:
Date: in/cm:	Date: in/cm:	Date: in/cm:	Date: in/cm:
Date: in/cm:	Date: in/cm:	Date: in/cm:	Date: in/cm:

WAIST

Date: in/cm:	Date: in/cm:	Date: in/cm:	Date: in/cm:
Date: in/cm:	Date: in/cm:	Date: in/cm:	Date: in/cm:
Date: in/cm:	Date: in/cm:	Date: in/cm:	Date: in/cm:

HIPS

Date: in/cm:	Date: in/cm:	Date: in/cm:	Date: in/cm:
Date: in/cm:	Date: in/cm:	Date: in/cm:	Date: in/cm:
Date: in/cm:	Date: in/cm:	Date: in/cm:	Date: in/cm:

THIGH

Date: in/cm:	Date: in/cm:	Date: in/cm:	Date: in/cm:
Date: in/cm:	Date: in/cm:	Date: in/cm:	Date: in/cm:
Date: in/cm:	Date: in/cm:	Date: in/cm:	Date: in/cm:

CALF

Date: in/cm:	Date: in/cm:	Date: in/cm:	Date: in/cm:
Date: in/cm:	Date: in/cm:	Date: in/cm:	Date: in/cm:
Date: in/cm:	Date: in/cm:	Date: in/cm:	Date: in/cm:

