

**WAIST CIRCUMFERENCE MEASUREMENT  
 LOG FORM**

Name or Subject ID : \_\_\_\_\_

DATE (dd/mmm/yyyy)	WAIST CIRCUMFERENCE	EVALUATOR'S INITIALS
_____/_____/_____	_____._____ <input type="checkbox"/> cm <input type="checkbox"/> in	
_____/_____/_____	_____._____ <input type="checkbox"/> cm <input type="checkbox"/> in	
_____/_____/_____	_____._____ <input type="checkbox"/> cm <input type="checkbox"/> in	
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