

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Height:	
Weight:	
BMI:	

Neck:	
Bust:	
Chest:	
Waist:	
Hips:	
Butt:	

	Right:	Left:
Thighs (fullest):		
Knees (right above):		
Calves (fullest):		
Upper arms (fullest):		
Fore arms (fullest):		

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