

Official Metric Identity Card



Name: _____

City: _____ State: _____ Country: _____

Date of Birth: ____ / ____ / ____ Age: ____

Date of Measurements: ____ / ____ / ____

Height: _____ cm Weight: _____ kg Armspan: _____

Handspan (R): _____ cm Handspan (L): _____ cm

Hand Area (R): _____ cm² Hand Area (L): _____ cm²

Fist Volume (R): _____ cm³ Fist Volume (L): _____ cm³

Foot Length (R): _____ cm Foot Length (L): _____ cm

Foot Area (R): _____ cm² Foot Area (L): _____ cm²

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City: _____ State: _____ Country: _____

Date of Birth: ____ / ____ / ____ Age: ____

Date of Measurements: ____ / ____ / ____

Height: _____ cm Weight: _____ kg Armspan: _____

Handspan (R): _____ cm Handspan (L): _____ cm

Hand Area (R): _____ cm² Hand Area (L): _____ cm²

Fist Volume (R): _____ cm³ Fist Volume (L): _____ cm³

Foot Length (R): _____ cm Foot Length (L): _____ cm

Foot Area (R): _____ cm² Foot Area (L): _____ cm²