

PHYSICIAN'S CLEARANCE

FOR

WRESTLER BELOW BODY FAT ALLOWANCE

Any **male wrestler** whose body fat percentage at the time of initial assessment is below 7% must obtain in writing a licensed physician's (M.D. or D.O.) clearance stating that the athlete is naturally at this sub-7% body fat level. In the case of a **female wrestler**, written physician's clearance must be obtained for athletes who are sub-12% body fat. A physician's clearance is for one season duration and expires March 15 of each school year.

Note: The sub-7% male or sub-12% female, who receives clearance, may not wrestle below his/her initial assessment scratch weight.

WRESTLER'S NAME: _____ GRADE: 9 10 11 12

SCHOOL: _____ CLASS: 2A 3A 4A

DATA REVIEW: Date of initial assessment ___/___/___/ Body Fat % _____

Initial assessment scratch weight _____ lbs. Assessor's signature _____

EXAMINING PHYSICIAN – ENTER DATA BELOW AT TIME OF ATHLETE'S EVALUATION

DATE ___/___/___ WEIGHT _____ lbs. (should not be less than weight at initial assessment)

PLEASE CIRCLE "A" or "B"

A. I have examined named athlete and **agree** with the initial weight assessment and recommend named athlete wrestle no lower than his/her weight at the time of the initial assessment.

EXAMPLE: Scratch weight 110 pounds: Wrestler may wrestle no lower than the 113 pound weight class.

B. I have examined named athlete and **disagree** with the initial weight assessment and recommend that the wrestler participate at a weight no lower than the weight class circled below. This permission is valid from November through March 15 of the current school year.

106 – 113 – 120 – 126 – 132 – 138 – 145 – 152 – 160 – 170 – 182 – 195 – 220 – 285

PHYSICIAN'S SIGNATURE: _____ DATE: _____

ADDRESS: _____ CITY: _____ ZIP: _____

PARENT SIGNATURE: _____ DATE: _____

PARENT SIGNATURE: _____ DATE: _____

NOTE: This form is the only document accepted as a "Physician's Clearance". Copies of this form shall be attached to your ALPHA Master and provided to opponent coaches.

Fax a copy of this form to the WHSAA, (307)-577-0637.