



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 the day after the state wrestling tournament 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: Female, B, A

DATA REVIEW: Date of initial assessment / / Body Fat %
Initial assessment scratch weight lbs. Administrators 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" "B" or "FEMALE"

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.

Male Weights - 106 - 113 - 120 - 126 - 132 - 138 - 145 - 152 - 160 - 170 - 182 - 195 - 220 - 285

Female Weights - 106 - 113 - 120 - 126 - 132 - 142 - 154 - 170 - 190 - 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.

Email a copy of this form to the SDHSAA, randy.soma@sdhsaa.com