PHYSICIAN'S CLEARANCE
WRESTLER BELOW BODY FAT ALLOWANCE

Any male wrestler whose body fat percentage, at the time of initial assessment, is below 7% must obtain a written physician's 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 1 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 unless that scratch weight is within 0.9 of a pound of the next lowest weight class. (Maximum weight loss for these athletes is 0.9 lbs.)

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

SCHOOL: _____ CLASS: ☐1 ☐2 ☐3 ☐4

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

Initial assessment scratch weight _____lbs

EXAMINING PHYSICIAN -- Enter Data Below At Time Of Athlete's Evaluation

Date ___/____/____ Weight _____ lbs

A. The wrestler named has received clearance as provided by the MSHSAA Wresting Weight Management Program, to participate at a wrestling weight not lower than 0.9 of a pound of his/her weight at the time of initial assessment which is below the 7% (male) or 12% (female) minimum body fat allowance. Or

B. The wrestler named is advised to wrestle at a weight which meets or exceeds the 7% or 12% body fat minimum requirement.

The wrestler named has been given permission to participate at a weight not lower than the National Federation weight classification circled. The circled weight class below shall not be below 0.9 pound of the initial scratch weight listed on this form. This permission is valid from November through March 1 of the current school year.

Boys: 106 – 113 – 120 – 126 – 132- 138 – 144 – 150 – 157 – 165 – 175 – 190 – 215 – 285

Girls: 100 – 105 – 110 – 115 – 120- 125 – 130 – 135 – 140 – 145 – 155 – 170 – 190 – 235

PHYSICIAN'S SIGNATURE: _____ DATE:_____

Physician's Name Printed: _____

ADDRESS:_____CITY:_____ZIP:_____

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 and included with State Championship qualifying event entry materials.

Scan and email this form to the MSHSAA, Attn: Daryl Bradley, daryl@mshsaa.org