

PHYSICIAN'S CLEARANCE FORM

TO THE PHYSICIAN:

The National Prep School Wrestling Group has instituted the National Prep School Monitoring Program to encourage healthy weight management by interscholastic wrestlers. As part of this program, a minimum weight is established for each wrestler prior to their competitive season. Each wrestler's body fat and lean body mass is measured by a certified assessor using either skin fold calibrations or the Tanita Wrestling Body Fat Composition Analyzer. The standard error for this method is $\pm 2\%$ for lower weights and $\pm 4\%$ for higher weights. A minimum weight is then calculated at 7% body fat for males and 12% for females.

The student/s on the attached form was/were assessed during the pre-season as less than 7% body fat (or 12% body fat for females). The athlete is requesting that he or she be allowed to wrestle as his or her present weight- (alpha weight). Because this weight is less than 7% (for males) and 12% (for females) body fat, the National Prep School Wrestling Coaches guidelines require permission from the athlete's school or personal physician. Most adolescents require 5-7% body fat (males) or 10-12% (females) to achieve optimal growth and development. However, there are some adolescents who are naturally lean and develop normally at a lower percent body fat.

Please evaluate this student for normal growth and development. Based on your exam, please determine if his or her present weight is compatible with normal growth and development and good health and indicate your assessment on the reverse side of this memo.

THANK YOU

National Prep School Wrestling Board

**PHYSICIAN'S CLEARANCE
FOR
WRESTLER BELOW BODY FAT ALLOWANCE**

Any **male wrestler** whose body fat percentage at the time of measurement (Alpha Date) 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 April 1 of each school year.

The sub-7% male or sub-12% female, who receives clearance may not wrestle below his/her alpha weight.

WRESTER'S NAME: _____ **GRADE:** _____

SCHOOL: _____ **SCHOOL ADDRESS:** _____

DATA REVIEW: ALPHA DATE ___/___/___ ALPHA WT. _____ POUNDS BODY FAT _____%

WEIGHT CLASS WHICH IMMEDIATELY EXCEEDS THE ALPHA WT: _____ POUNDS

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

WEIGHT & DATE OF PHYSICIAN'S EXAM _____ POUNDS DATE OF EXAM ___/___/___

CIRCLE "A" OR "B"

A. The wrestler named has received clearance as provided by the National Prep School Weight Monitoring Program, article five, to participate at a wrestling weight not lower than his/her Alpha Weight (present weight) which is below the 7% (male) and 12% (female) minimum body fat allowance. *EXAMPLE: Alpha weight 110 pounds: 7% weight 114 pounds. Wrestler may wrestle no lower than the 112 pound weight class.*

B. The wrestler named is advised to wrestle at a weight which meets or exceeds the 7% of 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 which cannot be less than the Alpha Weight listed on the Weight Monitoring Data Form. This permission is valid from November through April 1 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 the Weight Monitoring ALPHA Master and provided to opponent coaches.