



PHYSICIAN'S CLEARANCE FORM

W-10-3

TO THE PHYSICIAN:

The Michigan High School Athletic Association (MHSAA) has instituted the Michigan Weight 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 MHSAA certified Skinfold assessor through Skinfold measurements. The standard error for this method is $\pm 2\%$ for lower weights and $\pm 4\%$ for higher weights. A minimum weight is then calculated as 7% body fat for males and 12% for females.

Your patient was 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 at his or her present weight - (alpha weight). Because this weight is less than 7% (for males) or 12% (for females) body fat, MHSAA guidelines require permission from the athlete's personal physician. Most adolescents require 5-7% body fat (males) or 10-12% body fat (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 your patient for normal growth and development, paying particular attention to weight fluctuations and his or her growth curve. Based on the patient's history and your exam, 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

THE MHSAA

DUE DATE: This form is due at the MHSAA on the Monday after December 25. Postmarks after the Monday date will result in the Physician Clearance Form to be declared invalid.

PHYSICIAN'S CLEARANCE

FOR WRESTLER BELOW BODY FAT ALLOWANCE

MHSAA • 1661 Ramblewood • East Lansing, Michigan 48823

This form shall be completed and filed with the MHSAA BEFORE the athlete may wrestle.

DEADLINE
Monday after
Dec. 25

Any **male wrestler** whose body fat percentage at the time of measurement (Alpha Date) is below 7% must obtain in writing a clearance stating (**M.D., D.O., P.A. or N.P.**) that the athlete is naturally at this sub-7% body fat level. In the case of a **female wrestler**, a clearance (**M.D., D.O., P.A. or N.P.**) 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.

WRESTLER'S NAME: _____ **GRADE:** _____

CITY/SCHOOL: _____ **DIVISION:** _____

DATA REVIEW: ALPHA DATE ___ / ___ / ___ ALPHA WT. _____ POUNDS ALPHA 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 Michigan Weight Monitoring Program, Part Two, IV.A. to participate at a wrestling weight not lower than his/her Alpha Weight (present weight) which is below the 7% (male) or 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% 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 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.

103 - 112 - 119 - 125 - 130 - 135 - 140 - 145 - 152 - 160 - 171 - 189 - 215 - 285

Physician (Print): _____ **M.D. D.O. P.A. N.P.**
(Circle One)

Physician Signature: _____ Date: ___ / ___ / ___

Physician Address: _____ City: _____ Zip: _____

Parent (Print): _____ 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 and included with MHSAA tournament entry materials. Return by mail, fax (517-332-4071) or email (wrestling@mhsaa.com).

Submission Deadline is the Monday after December 25.