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

**DEADLINE**
**DEC. 27, 2019**

**DO NOT FAX!**

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**PHYSICIAN’S CLEARANCE**

**FOR**

**WRESTLER BELOW BODY FAT ALLOWANCE**

IHSAA 9150 N. Meridian St. P.O. Box 40650 Indianapolis, IN 46240

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., D.O., NP or PA) 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, upon physician clearance, may not wrestle below his/her alpha weight.

**WRESTLER’S NAME (Print)_________________________________________ GRADE __________**

**SCHOOL (Print)_______________________________________________**

**DATA REVIEW**

<table>
<thead>
<tr>
<th>ALPHA DATE: <strong><strong>/</strong></strong>/____</th>
<th>ALPHA WEIGHT ______ pounds</th>
<th>BODY FAT % ______</th>
</tr>
</thead>
<tbody>
<tr>
<td>Weight class that immediately exceeds the Alpha Weight: ______ pound weight class.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**PLEASE CIRCLE EITHER “A” OR “B” BELOW:**

A. The wrestler named has received clearance as provided by the Indiana High School Athletic Association Wrestling Weight Control Program 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 113 pound weight class.

B. The wrestler named is advised to wrestle at a weight that 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 Wrestling Weight Control data form. This permission is valid from November through April 1 of the current school year.


**PHYSICIAN’S SIGNATURE __________________________________________ DATE ______________**

License # ___________________________ 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 Wrestling Weight Control Alpha Data sheet and provided to opposing coaches and included with the IHSAA tournament entry materials. Forward an electronic copy of this form to the IHSAA. **Deadline for this form to be post marked is the last Friday in December (December 27, 2019) each year. This form must be completed prior to competition.**

**DO NOT FAX!**
LETTER TO THE PHYSICIAN:

The Indiana High School Athletic Association (IHSAA) has instituted the Indiana Wrestling Weight Management 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 an IHSAA certified skinfold measurer through skinfold measurement or body composition analyzation. The standard error for this method is +/- 2% for lower weights and +/- 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/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, IHSAA 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 percentage 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 examination please determine if his or her present weight is compatible with normal growth and development and good health and indicate your assessment on the next page.  Upon completion of an examination, please determine if the wrestler may wrestle at the initial Alpha Weight. If so, please circle “A” on the form. Please circle “B” on the form if the wrestler needs to gain weight to meet or exceed the weight at 7%/12% body fat prior to competition.

THANK YOU,

The Indiana High School Athletic Association, Inc.

DUE DATE:  This form is due at the IHSAA on or before December 27th of the current year. Post marks after December 27th will result in the Physician Clearance Form being declared invalid.