To Physician:

The Utah High School Activities Association (UHSAA) has instituted the Utah 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 UHSAA certified assessor through BIA measurements. A minimum weight is then calculated as 7% body fat for males and 12% for females.

This wrestler was assessed at less than 7% body fat (or 12% for females). The athlete is requesting that he or she be allowed to wrestle at their present weight - (alpha weight). Because this weight is less than 7% (for males) and 12% (for females) body fat, UHSAA, and the National Federation of High Schools requires that wrestlers visit a 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.

Evaluate your patient for normal growth and development, paying particular attention to weight fluctuations and his or hers growth curve. Please determine if the wrestler’s present weight is compatible with normal growth, development, and good health. The following form must be used and returned to the UHSAA before the wrestler will be allowed to compete.

Thank you,

UHSAA

For more information visit: www.nwcaonline.com

Revised 11/10/08
Physician Clearance for Low Body Fat Wrestlers

This form must be returned to the UHSAA and the wrestler data posted on the team’s “Alpha Master” before the wrestler may compete.

Any male wrestler whose body fat percentage at the time of measurement (Alpha Date) is below 7% or female wrestler whose body fat is below 12% must obtain in writing, by a licensed physician (Medical Doctor (MD), Doctor of Osteopathy (DO), Physician’s Assistant (PAC), Chiropractic Physician (DC), or Registered Nurse Practioner (RNP)), clearance stating that the athlete is naturally at the sub 7% (males) or 12% (females) body fat level. This clearance is for one season in duration and expires at the conclusion of that season.

* Must be completed by Assessor:

Wrestler’s name: ____________________________ School: ____________________________ Grade: __________

DATA REVIEW

Alpha Date: ___/___/____ Alpha Weight: _________ lbs. Body Fat: _________ %

Assessor Name (print): ________________________ Assessor Signature: __________________________

* Must be completed by Physician:

Circle “A” or “B”

A. The wrestler named has received clearance as provided by the Utah Weight Management Program to Participate at a wrestling weight class not lower than his/her Alpha Weight (weight listed above) qualifies the wrestler for, which is below the 7% (male) or 12% (female) minimum body fat allowance.

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

Physician Name (print): ____________________________ Signature: ____________________________ Date: ____________

Address: ___________________________________________ City: ______________ Zip: ____________

Fax completed form to UHSAA at: (801) 566-0633

NOTE: this form is the only document accepted as a “physician Clearance”. Fax this form to the UHSAA and keep a copy of the form on hand to document the wrestler has been cleared at a sub 7% level. Clearance will also be reflected on the wrestler’s alpha master list.

Revised 11/25/08