



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 they be allowed to wrestle at their 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.

This form
MUST be
completed
and filed with
the MHSAA
BEFORE the
athlete may
compete

DEADLINE
Monday after
Dec. 25

PHYSICIAN'S CLEARANCE

FOR WRESTLER BELOW BODY FAT ALLOWANCE

MHSAA - 1661 Ramblewood Dr. - East Lansing, Michigan 48823

Any wrestler whose body fat percentage at the time of measurement (Alpha Date) is below 7% (male) or 12% (female) must obtain in writing clearance stating (**M.D., D.O., P.A. or N.P.**) that the athlete is naturally at this sub-7% or sub 12% body fat level. 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 their alpha weight.

WRESTLER'S NAME: _____ GRADE: _____

CITY/SCHOOL: _____ DIVISION: _____

DATA REVIEW: ALPHA DATE: ____/____/____ ALPHA WT: _____ LBS. ALPHA BODY FAT: _____%

WEIGHT CLASS WHICH IMMEDIATELY EXCEEDS THE ALPHA WT: _____ LBS.

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

WEIGHT & DATE OF PHYSICIAN'S EXAM: _____ LBS. 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 their Alpha Weight (present weight) which is below the 7% (male) or 12% (female) minimum body fat allowance. *Example: Alpha weight is 110 pounds: 7% weight is 114 pounds. Wrestler may wrestle no lower than the 113-pound weight class.*
- B. The wrestler named **HAS NOT RECEIVED CLEARANCE** and is advised to wrestle at a weight which meets or is greater than 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 lowest minimum weight class listed on the Alpha Master. This permission is valid from November through April 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 (Print): _____ circle one → **M.D. D.O. P.A. N.P.**

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 email to wrestling@mhsaa.com

SUBMISSION DEADLINE IS THE MONDAY AFTER DECEMBER 25.