



# PHYSICIAN'S CLEARANCE FOR WRESTLER BELOW BODY FAT ALLOWANCE

KHSAA Form WR125  
Rev. 9/01

**KHSAA 2280 EXECUTIVE DRIVE LEXINGTON, KY 40505**

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 class.***

**THIS FORM SHALL BE COMPLETED AND FILED WITH THE KHSAA BEFORE THE ATHLETE MAY WRESTLE. DEADLINE FOR ASSESSMENT- FIRST VARSITY CONTEST DATE**

WRESTLER'S NAME \_\_\_\_\_ GRADE \_\_\_\_\_  
SCHOOL \_\_\_\_\_

**DATA REVIEW FROM ALPHA DATE ASSESSMENT**

ALPHA DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_      ALPHA WEIGHT \_\_\_\_\_      BODY FAT % \_\_\_\_\_

Weight class that immediately exceeds the Alpha Weight (circle one):

103 – 112 – 119 – 125 – 130 – 135 – 140 – 145 – 152 – 160 – 171 – 189 – 215 - 275

**PLEASE CIRCLE EITHER "A" OR "B" BELOW:**

- A. The wrestler named has received clearance as provided by the Kentucky High School Athletic Association Minimum Weight Certification 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 112 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 below which cannot be less than the Alpha Weight listed on the Wrestling Permission form. This permission is valid from the test date through April 1 of the current school year.

103 – 112 – 119 – 125 – 130 – 135 – 140 – 145 – 152 – 160 – 171 – 189 – 215 - 275

PHYSICIAN'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_

PARENT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

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*NOTE: This form is the only document accepted as a "Physician's Clearance." Copies of this form shall be attached to the Wrestling Permission Form and provided to opposing coaches and included with the KHSAA tournament entry materials. Mail a copy of this form to the KHSAA. Deadline for this form to be post marked is the December 22 of each year.*



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### TO THE PHYSICIAN:

The Kentucky High School Athletic Association (KHSAA) has instituted the Kentucky Wrestling Minimum Weight 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 KHSAA certified skinfold measurer through skinfold measurement or body composition analysis. The standard error for this method is +/- 3% for all 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, KHSAA 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, determine if his or her present weight is compatible with normal growth and development and good health and indicate your assessment on the previous page.

THANK YOU,

The Kentucky High School Athletic Association

### DUE DATE:

**This form is due at the KHSAA not later than December 22. Post marks after the Friday date will result in the Physician Clearance Form to be declared invalid.**