

**Georgia High School Association
P.O. Box 271
151 South Bethel Street
Thomaston, Georgia 30286
Telephone: 706-647-7473
Fax: 706-647-2638**

**PHYSICIAN CLEARANCE or APPEAL
WRESTLER AT/BELOW 7% or 12% BODY FAT**

TO THE PHYSICIAN:

The Georgia High School Association (GHSA) has instituted a 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 a body composition analysis. 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 at or less than 7% body fat (males); 12% (females) and the athlete is requesting that he/she be allowed to wrestle. Because this weight is less than the minimum body fat, GHSA 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/her growth curve. Based on the patient's history and your examination, determine if his/her present weight is compatible with normal growth and development and good health and indicate your assessment on the next page.

Thank you,

The Georgia High School Association

TO GHSA COACHES: Both pages of this attachment are to be presented to the attending physician as a part of the weight class appeal.

GEORGIA HIGH SCHOOL ASSOCIATION
PHYSICIAN'S CLEARANCE or APPEAL
WRESTLER AT/BELOW 7% or 12% BODY FAT

Any male wrestler whose body fat percentage at the time of initial assessment is at or below 7% must obtain in writing a licensed physician's (MD or DO) clearance, stating that the athlete is naturally at this low body fat level. In the case of a female wrestler, written physician's clearance must be obtained for athletes who are at or below 12% body fat. A physician's clearance is for one season duration and expires March 1 of each school year.

****A \$50.00 appeal fee is required if the coach is seeking approval for a lower weight class than indicated in the assessment.**** See Item C below

****Fill in top section prior to physician appointment.****

WRESTLER'S NAME _____ GRADE 8 9 10 11 12

SCHOOL _____ AREA _____

DATA REVIEW (from OPC): Date of initial assessment ____/____/____ % Body Fat _____

Initial assessment weight _____ lbs. Weight Class _____ (from OPC)

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

Date ____/____/____ Weight _____ lbs.

Circle A, B or C

A. The wrestler named, who is at or below the 7% (male) or 12% (female) minimum body fat allowance has received clearance as required by the Georgia High School Association Weight Management Program. No Weight Loss. **No fees are required for this option.**

B. The wrestler named is advised to wrestle in a weight class at or above the 7% (male) or 12% (female) minimum body fat requirement. **No fees are required for this option.**

C. **APPEAL:** The coach / athlete is requesting approval to wrestle one (1) weight class below the initial assessment. The approved weight class is circled below. ***A \$50.00 fee is required for this option.***

*****INDICATE APPROVED WEIGHT CLASS – FOR THE OPTION APPROVED*****

106 – 113 – 120 – 126 – 132 – 138 – 145 – 152 – 160 – 170 – 182 – 195 – 220 - 285

PHYSICIAN'S SIGNATURE _____ DATE _____

ADDRESS: _____

CITY: _____ ZIP: _____

PARENT SIGNATURE: _____ DATE: _____

NOTARY SIGNATURE & STAMP: _____ DATE: _____

NOTE: This form is the only document accepted as a Physician's clearance. If appeal is requested, the \$50.00 appeal fee must accompany this form when submitted to the GHSA office.

Mail form to the GHSA, Attn. Denis Tallini, P.O. Box 271, Thomaston, GA 30286.