



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

**WRESTLING WEIGHT MANAGEMENT PROGRAM  
PHYSICIAN CLEARANCE**

**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 control practices 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 at 7% body fat for males and 12% for females.

The pre-season assessment performed on your patient indicated he/she is currently at or below 7% body fat (males); 12% (females) and the athlete is requesting that he/she be allowed to wrestle. 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 with a lower percentage of body fat. Because this athlete has less than the minimum body fat, GHSA guidelines require evaluation by and permission from the athlete's personal physician for this athlete to compete.

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, development and good health and indicate your assessment and recommendations on the next page.

Thank you,

The Georgia High School Association

**\*\*GHSA COACHES:** Both pages of this attachment are to be presented to the attending physician as a part of the clearance process.

GEORGIA HIGH SCHOOL ASSOCIATION  
WRESTLING WEIGHT MANAGEMENT PROGRAM

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

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

**\*\*Coach: Complete this section prior to physician appointment\*\***

WRESTLER NAME \_\_\_\_\_ GRADE 8 9 10 11 12

SCHOOL \_\_\_\_\_ AREA \_\_\_\_\_

INITIAL ASSESSMENT DATA (from OPC):

Date of initial assessment \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Weight \_\_\_\_\_  
% Body Fat \_\_\_\_\_  
Minimum Weight Class \_\_\_\_\_

EXAMINING PHYSICIAN

Date seen in office \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Today's Weight \_\_\_\_\_ lbs.

The wrestler named above, is at or below the minimum body fat allowed by GHSA Weight Management Program guidelines. This athlete has been granted clearance to wrestle at / above the minimum weight class determined at the initial assessment. **No weight loss.**

\*\*\*CIRCLE THE MINIMUM WEIGHT CLASS ALLOWED\*\*\*

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

PHYSICIAN SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_

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

**NOTE:** This form is the only document accepted by the GHSA for Physician Clearance.  
No fees are required for this option.

Email, fax or mail this form to the GHSA: Attn. Don Corr , [don.corr@ghsa.net](mailto:don.corr@ghsa.net); 706 647-2638 (fax) or  
151 South Bethel Street, Thomaston, GA 30286