

PHYSICIAN'S CLEARANCE

FOR WRESTLER BELOW BODY FAT ALLOWANCE

KHSAA Form WR125 Rev. 6/16

KHSAA 2280 EXECUTIVE DRIVE LEXINGTON, KY 40505

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 a 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.

The sub-7% male or sub-12% female, who receives clearance, may never wrestler below his/her ALPHA weight class.

THIS FORM SHALL BE COMPLETED AND FILED WITH THE KHSAA BEFORE THE ATHLETE MAY WRESTLE (PRACTICE OR COMPETITION). DEADLINE FOR ASSESSMENT- FIRST VARSITY CONTEST DATE

WRESTLER'S NAME					GRADE		9	SCHOOL						
				DATA R	EVIEW	FROM AL	PHA DA	TE ASSE	SSMENT					
ALPHA DATE: / / /				ALPHA WEIGHT %				BODY FAT						
	APPROVED NFHS WEIGHT CLASS (NEXT CLASS ABOVE ALPHA WEIGHT)													
106	113	120	126	132	138	144	150	157	165	175	190	215	285	
GIRLS	100	107	114	120	126	132	138	145	152	165	185	235	285	
School At Weight (p	thletic Ass present we	ociation I eight) wh	Minimum ich is bel	Weight C ow the 7%	ertificati 6 (male)	d by the Na ion Prograr or 12% (fe no lower th	n to parti male) mi	cipate at nimum b	a wrestlin ody fat all	g weight owance. l	not lower	than his/	her Alpha	
PHYSICIAN'S SIGNATURE:											DATE			
ADDRESS:						CITY				ZIP				
PARENT'S SIGNATURE:								DATE						
NOTE:	This form	is the on	ulv docum	ent accen	 ted as a	"Physician	's Cleara	nce " Ma	il a conv o	of this form	n immedi.	ately to th	ρο ΚΗςΔΔ	

NOTE: This form is the only document accepted as a "Physician's Clearance." Mail a copy of this form immediately to the KHSAA.

Any wrestler with sub 7% (male) or 12% (female) body fat cannot practice or compete until cleared by their physician and this office.