

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

**GHSA PHYSICIAN'S CLEARANCE – WRESTLER BELOW BODY FAT ALLOWANCE**

**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 analyzation. 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 (at / or below 12% body fat for females). The athlete is requesting that he/she be allowed to wrestle. Because this weight is less than 7%(for males) or 12%(for females) 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

**GEORGIA HIGH SCHOOL ASSOCIATION**  
**PHYSICIAN'S CLEARANCE**  
**WRESTLER BELOW BODY FAT ALLOWANCE**

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 (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 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**

WRESTLER'S NAME: \_\_\_\_\_ GRADE: 9 10 11 12

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

**\*\*TO BE COMPLETED PRIOR TO PHYSICIAN'S APPOINTMENT\*\***

<p><b>DATA REVIEW:</b> Date of initial assessment ____/____/____ Body Fat % _____</p> <p>Initial assessment weight _____ lbs Weight Class _____ (from OPC)</p> <p><b>EXAMINING PHYSICIAN – ENTER DATA BELOW AT TIME OF ATHLETE'S EVALUATION</b></p> <p>Date ____/____/____ Weight _____ lbs</p>
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Circle A, B or C

- A. The wrestler named has received clearance as provided by the Georgia High School Association Weight Management Program, which is at/or below the 7% (male) or 12% (female) minimum body fat allowance. No Weight Loss. **No fees are required for this option**
- B. The wrestler named is advised to wrestle in a weight class which exceeds 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 his 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\*\*\***

<p><b>103 – 112 – 119 – 125 – 130 – 135 – 140 – 145 – 152 – 160 – 171 – 189 – 215 - 285</b></p>
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PHYSICIAN'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

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

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

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

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

*NOTE: This form is the only document accepted as a Physician's clearance. The \$50.00 appeal fee must accompany this form when submitted to the GHSA office(Item B).*

Mail form to the GHSA, Attn. Gary Phillips, P.O. Box 271, Thomaston, GA 30286.