2026-2027
OSSAA WRESTLING WEIGHT MANAGEMENT PROGRAM
PHYSICIAN'S CLEARANCE FORM FOR WRESTLER
THAT IS BELOW THE BODY FAT ALLOWANCE

Any male wrestler whose body fat percentage at the time of initial assessment is below 7% must obtain in writing from a qualified physician, a clearance form stating that the athlete is naturally at this sub-7% body fat level. In the case of a female wrestler, a written clearance form from a qualified physician must be obtained for athletes who are sub-19% body fat. A wrestler's body weight must be equal to or no greater than three pounds from his/her original assessment when obtaining a written clearance form from a qualified physician. If not, this form will not be valid. A physician's clearance form is only good for the current wrestling season.

Note: The sub-7% male or sub-19% female who receives clearance may not wrestle below his/her initial assessment minimum wrestling class.

To be completed by the coach:

Wrestler's name _____ Grade in school _____

School _____ Gender: Male_____Female_____

Data Review: Date of initial assessment _____ Body Fat % _____

Initial assessment weight _____lbs. Minimum wrestling class _____lbs.

Name of original assessor _____

Address _____ City _____ State _____

Fax number _____ Email _____

To be completed by examining physician. Enter below the date and weight of the athlete at his/her evaluation.

Date _____ Weight _____lbs.
(Body weight must be equal to or no greater than three pounds from his/her original assessment.)

Check "A" or "B"

_____ A. The wrestler named has received clearance as provided by the OSSAA Weight Management Program to participate at the minimum weight class which at the time of the initial assessment is below 7% (male) or 12% (female) minimum body fat allowance.

_____ B. The wrestler named is advised to wrestle at a weight class which exceeds the minimum wrestling class at the time of initial assessment. The wrestler named has been given permission to participate at a weight not lower than the circled weight classification below.

BOYS-106-113-120-126-132-138-144-150-157-165-175-190-215-285
GIRLS-100-105-110-115-120-125-130-135-140-145-155-170-190-235

Physician's signature _____ Date _____

Address _____ City _____ Zip _____

Parent or Guardian Signature _____ Date _____

Note: This form is the only document that will be accepted as a "Physician's Approval". The physician shall return this form to the wrestler after the completion of his/her examination. This form shall be mailed, faxed or emailed by the coach to wruth@ossaa.com. A wrestler is not able to participate until the OSSAA has entered the information on the school's alpha master list.