## CONNECTICUT INTERSCHOLASTIC ATHLETIC CONFERENCE PHYSICIAN'S CLEARANCE FORM WRESTLER <u>BELOW</u> BODY FAT ALLOWANCE

Any **male wrestler** whose body fat percentage at the time of initial assessment is below 7% must obtain in writing a licensed physician's 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 15 of each school year.

Note: The sub-7% male or sub-12% female who receives clearance may not wrestle below his/her initial assessment scratch weight.

Wrestler's Name:					Grade:	9	10	11	12	
School	1:					Class:	LL	L	M	S
	Data Review: Date of initial assessment/ Body fat %									
		Initial ass	sessment	alpha wei	ight	lbs.				
Examining Physician: Enter data below at time of athlete's evaluation										
		Date	/	/	Weight	lbs				
Circle "A" or "B"										
A.	The wrestler named has received clearance to participate at a wrestling weight class not lower than his/her weight at the time of initial assessment, which is below the 7% (male) or 12% (female) minimum body fat allowance. Example: Alpha weight 110 pounds: 7% weight 114 pounds. Wrestler may wrestle no lower than the 112 pound weight class.									
В.	B. The wrestler named is advised to wrestle at a weight which meets or exceeds the 7% or 12% body fat minimum requirement. The wrestler named has been given permission to participate at a weight not lower than the National Federation weight classification circled on the chart below which cannot be less than the alpha weight listed. This permission is valid from November through March 15 of the current school year.									
103 - 112 - 119 - 125 - 130 - 135 - 140 - 145 - 152 - 160 - 171 - 189 - 215 - 285										
These weight classes subject to a two pound growth allowance on January 1.										
Physician's Signature:					Date_					
Addres	SS				C	City			Zip	
Parent Signature				Date						
Parent Signature					Date					

Fax a copy of this form to the CIAC (203) 250-1345

NOTE: This form is the only document accepted as a "Physician's Clearance." Copies of this form shall be attached to your Alpha Master and provided to opponent coaches and included with State Championship qualifying event entry

materials.