

# IHSAA MEDICAL RELEASE FOR WRESTLERS BELOW BODY FAT ALLOWANCE

**THIS FORM MAY ONLY BE COMPLETED BY MEDICAL PROFESSIONALS WHO ARE PERMITTED BY IOWA LAW TO PERFORM PRE-PARTICIPATION ATHLETIC PHYSICALS: (Medical Doctor, MD; Doctor of Osteopathic Medicine, DO; Doctor of Chiropractic, DC; Physician's Assistant, PA; or Advanced Registered Nurse Practitioner, ARNP)**

This is the **ONLY** form accepted as a "MEDICAL RELEASE FOR WRESTLERS BELOW 7%/12% BODY FAT." **A copy of this completed form must be mailed or faxed to the Iowa High School Athletic Association, PO Box 10, Boone, IA 50036 (515-432-2961), by the school for whom the wrestler competes, after the last signature is obtained.**

**Any wrestler whose body fat percentage at the time of body composition assessment is below 7% for males and 12% for females must obtain, in writing, a medical clearance stating the wrestler is naturally at this sub-7% or 12% body fat level, if he/she wants to wrestle at their natural weight. This release is valid for only one season and expires following the State Dual Team Tournament each year. A wrestler always has the option of wrestling at their weight predicted at 7%/12% body fat.**

The sub-7% male, or sub-12% female, who receives this clearance may **NOT** wrestle at a weight class below his/her weight at the time of body composition assessment. Example: A wrestler weighing 110 pounds at the time of body composition assessment with less than 7% body fat may **NOT** wrestle below the 112-pound weight class.

WRESTLER'S NAME: \_\_\_\_\_ GRADE: \_\_\_\_\_ SCHOOL: \_\_\_\_\_

## OFFICIAL BODY COMPOSITION ASSESSMENT VERIFICATION - STEP #1

DATE OF OFFICIAL BODY COMPOSITION ASSESSMENT: \_\_\_\_\_

ACTUAL WEIGHT AT OFFICIAL BODY COMPOSITION ASSESSMENT: \_\_\_\_\_ pounds.

PERCENT BODY FAT AT OFFICIAL BODY COMPOSITION ASSESSMENT: \_\_\_\_\_ percent.

\_\_\_\_\_  
**Signature of assessor & name of agency conducting the official body composition assessment** DATE

## EXAMINING MEDICAL PROFESSIONAL'S EVALUATION INFORMATION - STEP #2

DATE OF MEDICAL PROFESSIONAL'S EVALUATION: \_\_\_\_\_ WEIGHT AT MEDICAL EVALUATION: \_\_\_\_\_

### LICENSED MEDICAL PROFESSIONAL'S APPROVAL (See top of form for approved medical personnel)

It is my medical opinion that the above-named wrestler is naturally below 7% (*for males*)/12% (*for females*) body fat and can compete in a safe and healthy manner at a weight class which may be below their weight predicted at 7%/12% body fat, but which is **NOT** below their actual body weight at the time their OFFICIAL body composition was assessment.

\_\_\_\_\_  
LICENSED MEDICAL PROFESSIONAL'S SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
LICENSED MEDICAL PROFESSIONAL'S NAME (*typed or printed*)

\_\_\_\_\_  
DESIGNATION (MD, DO, DC, PA, ARNP)

### ATHLETIC DIRECTOR/PRINCIPAL ACKNOWLEDGMENT

I acknowledge that the above named wrestler is permitted by his/her parent or guardian and the medical professional signing this form to compete at their natural weight which is below their 7%/12% weight as predicted by body composition assessment.

\_\_\_\_\_  
ATHLETIC DIRECTOR'S OR PRINCIPAL'S SIGNATURE

\_\_\_\_\_  
DATE

- OVER PLEASE -

8/08

**TO THE MEDICAL PROFESSIONAL SIGNING THIS MEDICAL RELEASE:**  
*(Medical Doctor, MD; Doctor of Osteopathic Medicine, DO; Doctor of Chiropractic, DC; Physician's Assistant, PA; or Advanced Registered Nurse Practitioner, ARNP)*

National high school wrestling rules require a medical release for any wrestler whose body composition at the time of body composition assessment is less than 7% for males, or 12% for females, and who wishes to compete at a weight less than their weight predicted at 7%/12% body fat. **The wrestler named on this release form is requesting that he/she be allowed to wrestle at a weight that is less than his/her weight at 7%/12% body fat. A wrestler with less than 7%/12% body fat CANNOT wrestle at a weight less than their actual weight at the time of the original body composition assessment.** Most adolescents require a minimum of 7% body fat for males, or 12% body fat for females, to achieve optimal growth and development. However, there are some adolescents who are naturally lean and develop normally at a lower percent body fat.

**Please evaluate this wrestler for normal growth and development, paying particular attention to weight fluctuations and his/her growth curve. Based on the wrestler's history and your exam determine if his/her present weight is compatible with normal growth and development.**

**By signing this release, you are indicating that, in your medical opinion, it is safe and healthy for this wrestler to compete at a weight which is below his/her weight at 7%/12% body fat, but is NOT less than his/her actual weight at the time of the original body composition assessment.**

Questions or comments about this release should be directed to Alan Beste, ATC, LAT, Assistant Executive Director, Iowa High School Athletic Association. 515-432-2011 or <abeste@iahsaa.org>.

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This is to certify that the undersigned has read and understands the IHSAA "FAT." A copy of this form is available at the IHSAA, 1000 University Blvd., Des Moines, IA 50319, PO Box 10, Des Moines, IA 50319. The undersigned's signature must be in blue or black ink.

and 12% body fat. If the wrestler's body fat is 12% or more, the assessment expires on the date of the assessment. If the wrestler's body fat is less than 12%, the assessment expires on the date of the assessment plus 90 days. The assessment is valid for 90 days from the date of the assessment. If the wrestler's body fat is 12% or more, the assessment expires on the date of the assessment. If the wrestler's body fat is less than 12%, the assessment expires on the date of the assessment plus 90 days.

FAT." A copy of this form is available at the IHSAA, 1000 University Blvd., Des Moines, IA 50319, PO Box 10, Des Moines, IA 50319. The undersigned's signature must be in blue or black ink. If the wrestler's body fat is 12% or more, the assessment expires on the date of the assessment. If the wrestler's body fat is less than 12%, the assessment expires on the date of the assessment plus 90 days.

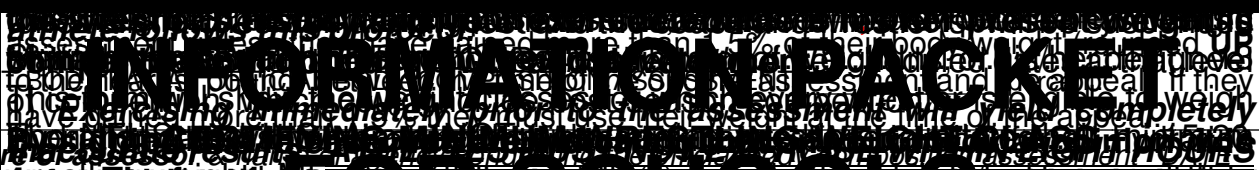
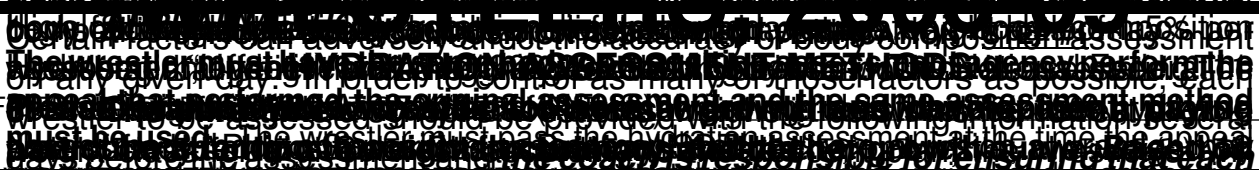
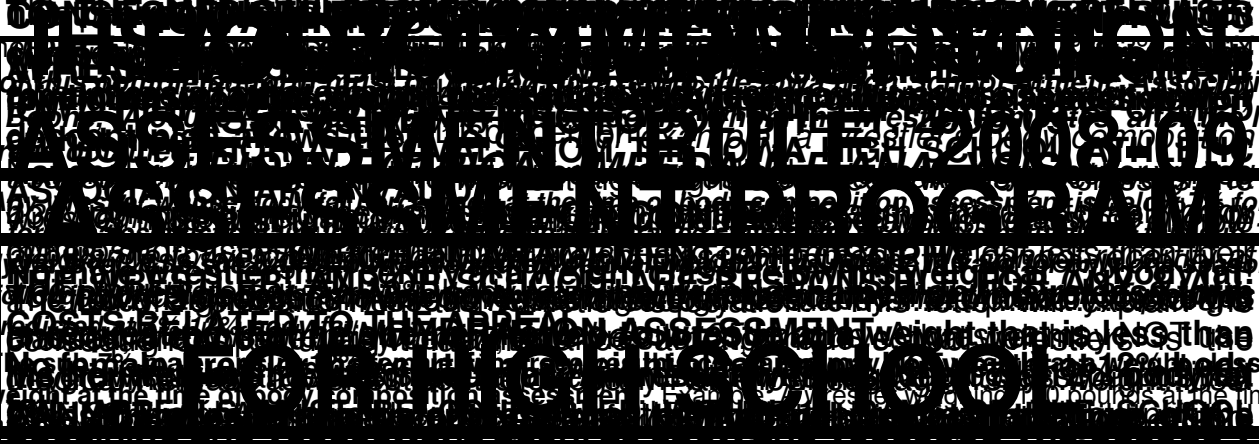
WRESTLER COMPETES AT ANY LEVEL.

DATE OF ASSESSMENT

ACTUAL BODY FAT PERCENTAGE

PERCENTAGE BELOW ALLOWANCE

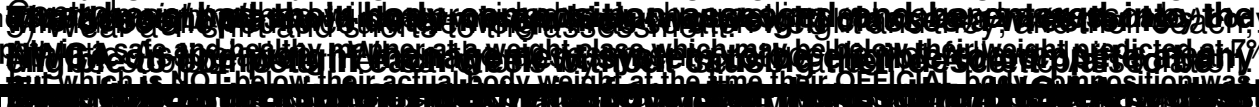
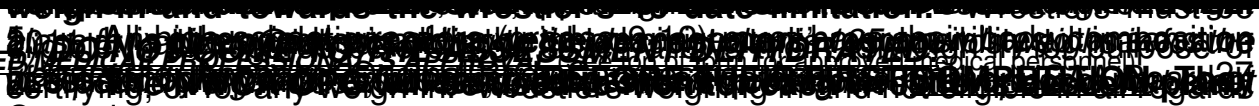
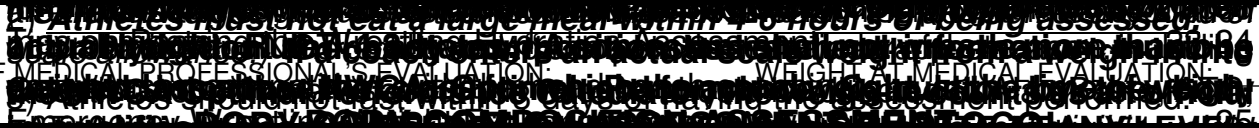
SIGNATURE OF ASSESSOR



DATE OF MEDICAL PROFESSIONAL'S EVALUATION

LICENSE NUMBER

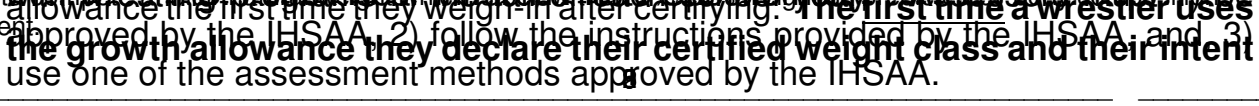
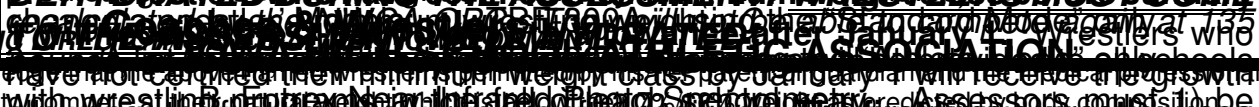
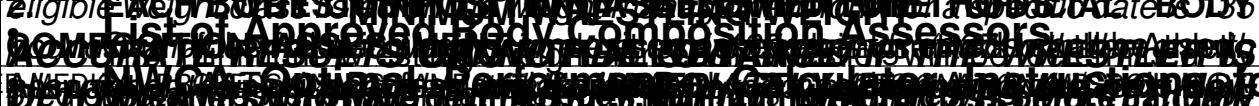
It is my medical opinion that the wrestler's body fat is 12% or more, which may be below their weight predicted body fat and can compromise their health. I have advised the wrestler and their parents/guardians of this and they have signed this form to certify that they understand the IHSAA "FAT." A copy of this form is available at the IHSAA, 1000 University Blvd., Des Moines, IA 50319, PO Box 10, Des Moines, IA 50319. The undersigned's signature must be in blue or black ink.



LICENSE NUMBER

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ATHLETIC DIRECTOR'S OR PRINCIPAL'S SIGNATURE



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