

**Rhode Island Interscholastic League
PHYSICIAN'S CLEARANCE FORM
WRESTLER BELOW 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 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: _____ **Male** _____ **Female** _____

SCHOOL: _____

DATA REVIEW:	Date of initial assessment ____/____/____	Body fat % _____
	Initial assessment weight: _____ lbs.	
EXAMINING PHYSICIAN: ENTER DATA BELOW AT TIME OF ATHLETE'S EVALUATION		
	Date ____/____/____	Weight _____ lbs.

CIRCLE "A", "B" or "C"

A. The wrestler named has received clearance as provided by the Rhode Island Interscholastic League's Wrestling Management Program, to participate at a wrestling weight 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: Assessed weight 110 pounds: 7% weight 114 pounds. Wrestler may wrestle no lower than the 112 pound weight class.*

B. The wrestler named is advised to wrestle at a weight that **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.

C. Physician has supplied a weight class at which the physician has certified the athlete to wrestle. The supplied class may be below the class indicated by the athlete's initial assessment weight.

106 – 113 – 120 – 126 – 132 – 138 – 145 – 152 – 160 – 170 – 182 – 195 – 220 – 285

PHYSICIAN'S SIGNATURE: _____ **DATE:** _____ **PHONE:** _____

ADDRESS: _____ **CITY:** _____ **ZIP:** _____

PARENT SIGNATURE: _____ **DATE:** _____

NOTE: This form is the only document accepted as a "Physician's Clearance". The Wrestler will not be able to compete until this form is processed by the Rhode Island Interscholastic League.

Please send the original copy of this form to:

**Rhode Island Interscholastic League.
Bldg 6, RI College Campus
600 Mt. Pleasant Ave
Providence, RI 02908-1991**

Updated 10/4/11

RHODE ISLAND INTERSCHOLASTIC LEAGUE
BLDG. # 6 RHODE ISLAND COLLEGE CAMPUS
600 MT. PLEASANT AVENUE
PROVIDENCE, RI 02908-1991

TO THE PHYSICIAN:

The Rhode Island Interscholastic League (RIIL) has instituted the 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 lead body mass is measured by a professional assessor using skin fold calipers. A minimum weight is then calculated as 7% body fat for males and 12% for females.

Physician has supplied a weight class at which the physician has certified the athletes to wrestle. The supplied weight class may be below the class indicated by the athlete's initial assessment weight.

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 exam, determine if his or her present weight is compatible with normal growth and development and good health, and indicate your assessment on the reverse side of this memo.

Questions or comments should be directed to
Tom Mezzanotte, RIIL Executive Director
401-272-9844.