



## UTAH HIGH SCHOOL ACTIVITIES ASSOCIATION

199 East 7200 South  
Midvale, UT 84047

### To Physician:

The Utah High School Activities Association (UHSAA) has instituted the Utah Weight Monitoring 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 UHSAA certified assessor through BIA measurements. A minimum weight is then calculated as 7% body fat for males and 12% for females.

This wrestler was assessed at less than 7% body fat (or 12% for females). The athlete is requesting that he or she be allowed to wrestle at their present weight - (alpha weight). Because this weight is less than 7% (for males) and 12% (for females) body fat, UHSAA, and the National Federation of High Schools requires that wrestlers visit a 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 percent body fat.

Evaluate your patient for normal growth and development, paying particular attention to weight fluctuations and his or hers growth curve. Please determine if the wrestler's present weight is compatible with normal growth, development, and good health. The following form must be used and returned to the UHSAA before the wrestler will be allowed to compete.

Thank you,

UHSAA

For more information visit: [www.nwcaonline.com](http://www.nwcaonline.com)



# Utah High School Activities Association

199 East 7200 South  
Midvale, UT 84047  
Phone: (801) 566-0681  
Fax: (801) 566-0633

## Physician Clearance for Low Body Fat Wrestlers

*This form **must** be returned to the UHSAA and the wrestler data posted on the team's "Alpha Master" before the wrestler may compete*

Any **male wrestler** whose body fat percentage at the time of measurement (Alpha Date) is below 7% or **female wrestler** whose body fat is below 12% must obtain in writing, by a licensed physician (Medical Doctor (MD), Doctor of Osteopathy (DO), Physician's Assistant (PAC), Chiropractic Physician (DC), or Registered Nurse Practitioner (RNP)), clearance stating that the athlete is **naturally** at the sub 7% (males) or 12% (females) body fat level. This clearance is for one season in duration and expires at the conclusion of that season.

*\* Must be completed by Assessor:*

Wrestler's name: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_

### DATA REVIEW

Alpha Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Alpha Weight: \_\_\_\_\_ lbs. Body Fat: \_\_\_\_\_% Assessor Name

(print) \_\_\_\_\_ Assessor Signature: \_\_\_\_\_

*\* Must be completed by Physician:*

**Circle "A" or "B" below:**

**This Section must have the "A" or "B", below, circled by the physician to be complete!**

A. The wrestler named has received clearance as provided by the Utah Weight Management Program to Participate at a wrestling weight class not lower than his/her Alpha Weight (weight listed above) qualifies the wrestler for, which is below the 7% (male) or 12% (female) minimum body fat allowance.

B. The wrestler named must wrestle at a weight, which meets or exceeds the 7% or 12% body fat minimum requirement.

Physician Name(print): \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

**The PARENT and COACH signatures must be done to be complete!**

Parent signature: \_\_\_\_\_ Date: \_\_\_\_\_

Coach signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please EMAIL completed form to UHSAA at: [LowBodyFat@uhsaa.org](mailto:LowBodyFat@uhsaa.org)**

**NOTE: this form is the only document accepted as a "physician Clearance". Fax this form to the UHSAA and keep a copy of the form on hand to document the wrestler has been cleared at a sub 7% level. Clearance will also be reflected on the wrestler's alpha master list.**