



Oregon School Activities Association

25200 SW Parkway Avenue, Suite 1
Wilsonville, OR 97070
503.682.6722 <http://www.osaa.org>



TO THE PHYSICIAN:

The Oregon School Activities Association has instituted the Oregon Wrestling 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 an OSAA Certified BIA Assessor using Bioelectrical Impedance Analysis. A minimum weight is then calculated as 7% body fat for males and 12% for females using the NWCA OPC powered by TrackWrestling.

Your patient was assessed as less than 7% body fat (or 12% body fat for females). The athlete is requesting that he or she be allowed to wrestle at his or her present weight - (scratch weight at initial assessment). Because this weight is less than 7% (for males) or 12% (for females) body fat, OSAA guidelines require permission from the athlete's personal 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.

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 Kris Welch, OSAA Asst. Executive Director at krisw@osaa.org or 503.682.6722 x230.



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Scan/Email to: krisw@osaa.org

PHYSICIAN CLEARANCE – WRESTLER BELOW BODY FAT ALLOWANCE

NOTE: This form is the only document accepted as a "Physician's Clearance." Copies of this form shall be available and provided to opponent coaches if required by league or special district

Any **male wrestler** whose body fat percentage at the time of initial assessment is below 7% must obtain in writing a licensed physician's (As per ORS 336.479, Section 1(5)) 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 participate at a weight class lower than the minimum weight class listed on the wrestler's individual season long weight loss plan.

WRESTLER'S NAME: _____ GRADE: 9 _____ 10 _____ 11 _____ 12 _____
 SCHOOL: _____ CLASS: 1A _____ 2A _____ 3A _____ 4A _____ 5A _____ 6A _____

CERTIFIED ASSESSOR – ENTER DATA BELOW AT THE TIME OF INITIAL ASSESSMENT

DATA REVIEW: Date of initial assessment _____ Body Fat % _____
 Initial assessment scratch weight _____ lbs. Assessor Name: _____

PHYSICIAN – ENTER DATA BELOW AT THE TIME OF ATHLETE'S EVALUATION

DATE: _____ WEIGHT: _____ lbs.

READ DESCRIPTION - MARK "A" or "B"

_____ **A.** The wrestler named has received clearance as required by the Oregon Wrestling Weight Monitoring Program, Part IV, to participate at a weight class no lower than the minimum weight class identified on the wrestler's individual season long weight loss plan.

_____ **B.** The wrestler named is advised to wrestle at a weight which exceeds (is higher) than the weight class allowed by the wrestler's individual season long weight loss plan. The wrestler is restricted to participation at a weight class no lower than the National Federation weight classification circled below. **This weight class shall not be less than the wrestler's minimum weight class listed on the individual season long weight loss plan.** This permission is valid from November through March 15 of the current school year.

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

GIRLS	100	105	110	115	120	125	130	135
	140	145	155	170	190	235		

PHYSICIAN'S SIGNATURE: _____ DATE: _____