



Oregon Wrestling Weight Monitoring Program BIA Assessment Waiver

- This form shall be completed for any wrestler unable to participate in the hydration and/or body fat assessment procedures outlined in the Oregon Wrestling Weight Monitoring Program.
- If granted, the wrestler will be required to complete a hydration and/or body fat assessment using the approved assessor and alternative method assigned by the OSAA.
- A wrestler may not compete until a body fat assessment is completed and their name appears on the schools Alpha Master roster.

Submit the completed form to: Kelly Foster, Assistant Executive Director – kellyf@osaa.org

Complete all information:

Name: _____ Date: _____

School: _____ Date of initial assessment: _____

Parent(s) Name: _____ Contact Number: _____

Answer all applicable questions and provide documentation if necessary: (Use additional sheets if needed)

1. Which component of the requirements are you requesting to have waived?

- Hydration Assessment
 Scale BIA Assessment
 Both

2. Why are you requesting the waiver? What is the limiting medical condition or diagnosis that prohibits your participation in the assessment procedures outlined in the policy?

3. Are you under the care of a physician? If so, what is the physician's name and contact information?

4. Are there any other related factors that you would like to have considered?

Office Use Only:

Form was submitted on: _____ Date: _____

Contact made with the physician on: _____ Name: _____ Date: _____

Brief description of conversation with physician:

Status of Waiver:

- Waiver Granted
 Waiver Denied
 Pending Information

Alternative assessment assigned:

- Hydrostatic Tank
 BOD POD
 Skin Caliper

Hydration assessment waived:

- Yes
 No

Assigned Facility: