



Clearance for Minimum Body Fat Percentage

Have an FHSAA-recognized wrestling assessor fill out Section 1 of the form. A physician must then fill out Section 2. Give the completed original to the school's athletic director. Attach a copy of the form to the NWCA weigh-in sheet. **DO NOT SEND TO THE FHSAA OFFICE.**

Section 1 (to be completed by an FHSAA wrestling assessor)

School: _____ City: _____

Name of Student: _____ Student ID: _____ Grade: _____

Height: _____ Weight: _____ Body Fat %: _____ Minimum Weight: _____

Printed Name of Assessor

Date of Assessment

(_____) _____
Daytime Phone Number of Assessor

E-mail Address of Assessor

Section 2 (to be completed by a physician)

_____ it is safe for this student-athlete to wrestle during the _____ - _____ school year.

_____ it is **NOT** safe for this student-athlete to wrestle during the _____ - _____ school year.

Name of Physician

Signature of Physician

Date

Physician Stamp: _____

