



Oregon School Activities Association

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Wilsonville, OR 97070

503.682.6722 fax: 503.682.0960 <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.

Question or comments should be directed to Brad Garrett, OSAA Asst. Executive Director at bradg@osaa.org or (503) 682-6722 ext 229.

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 (*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.

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
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DATA REVIEW: Date of initial assessment ___/___/___	Body Fat % _____
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Initial assessment scratch weight _____ lbs.	Assessor Name _____
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PHYSICIAN – ENTER DATA BELOW AT THE TIME OF ATHLETES EVALUATION
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Date ___/___/___	Weight _____ lbs.
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READ DESCRIPTION - CIRCLE "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 – 185 – 190 – 220 - 285
GIRLS	100 – 105 – 110 – 115 – 120 – 125 – 130 – 135 – 140 – 145 – 155 – 170 – 190 – 235

PHYSICIAN'S SIGNATURE: _____ DATE: _____

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

Scan and email a copy of this form to bradg@osaa.org