

## **TO THE PHYSICIAN:**

The Delaware Interscholastic Athletic Association has instituted the Delaware 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 a DIAA assessor using Bioelectrical Impedance. A minimum weight is then calculated as 7% body fat for males and 12% for females.

Your patient was assessed during the pre-season as having 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, DIAA 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: Thomas Neubauer, DIAA Executive Director via email at [thomas.neubauer@doe.k12.de.us](mailto:thomas.neubauer@doe.k12.de.us) or via phone at (302) 857-3365: or, Buddy Lloyd, DIAA State Wrestling Committee Chair via email at [buddykeene@gmail.com](mailto:buddykeene@gmail.com) or via phone at 302-222-8206.

**Delaware Interscholastic Athletic Association  
PHYSICIAN'S CLEARANCE  
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 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 wrestle below his/her initial assessment scratch weight.**

**WRESTLER'S NAME:** \_\_\_\_\_ **GRADE:** 9 10 11 12

**WRESTLER'S SCHOOL:** \_\_\_\_\_

**DATA REVIEW:**      Date of initial assessment \_\_\_/\_\_\_/\_\_\_      Body Fat % \_\_\_\_\_

Initial assessment scratch weight \_\_\_\_\_ lbs

**EXAMINING PHYSICIAN -- ENTER DATA BELOW AT TIME OF ATHLETE'S EVALUATION**

Date \_\_\_/\_\_\_/\_\_\_      Weight \_\_\_\_\_ lbs

**Physician's Determination- This patient is approved to: (CIRCLE "A" or "B" below)**

**A. *Wrestle at a weight that is sub 7% body fat.*** The wrestler named has received clearance as provided by the Delaware Wrestling Weight Monitoring Program, to participate at a wrestling weight not lower than his/her weight at the time of initial assessment which is below the 7% (male) or 12% (female) minimum body fat allowance.

*EXAMPLE: Scratch weight 110 pounds: 7% weight 114 pounds. Wrestler may wrestle no lower than the 113 pound weight class.*

**B. *Shall not wrestle at a weight that is sub 7% body fat.*** The wrestler named is advised to wrestle at a weight which meets or exceeds the 7% or 12% body fat minimum requirement. The wrestler named has been given permission to participate at a weight not lower than the National Federation weight classification circled below which cannot be less than the scratch weight listed on the DIAA Bio-impedance Assessment Form. This permission is valid from November through March 15 of the current school year.

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

PHYSICIAN'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_

PARENT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PARENT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

NOTE: This form is the only document accepted as a "Physician's Clearance". Copies of this form shall be attached to your ALPHA Master and provided to opponent coaches and included with State Championship qualifying event entry materials.

**Fax a copy of this form to DIAA at (302) 739-1769 or scan to [thomas.neubauer@doe.k12.de.us](mailto:thomas.neubauer@doe.k12.de.us)**