

IGHSAU MEDICAL RELEASE FOR WRESTLERS BELOW 12% BODY FAT

THIS FORM MAY ONLY BE COMPLETED BY MEDICAL PROFESSIONALS WHO ARE PERMITTED BY IOWA LAW TO PERFORM PRE-PARTICIPATION ATHLETIC PHYSICALS: (Medical Doctor, MD; Doctor of Osteopathic Medicine, DO; Doctor of Chiropractic, DC; Physician's Assistant, PA; or Advanced Registered Nurse Practitioner, ARNP)

This is the **ONLY** form accepted as a "MEDICAL RELEASE FOR WRESTLERS BELOW 12% BODY FAT." A **copy of this completed form must be mailed or faxed to the Iowa Girls High School Athletic Union, 5000 Westown Parkway, Suite 150, West Des Moines, Iowa 50266, by the school for whom the wrestler competes, after the last signature is obtained.**

Any female wrestler whose body fat percentage at the time of body composition assessment is BELOW 12% must obtain, in writing, a medical clearance stating the wrestler is naturally at this sub-12% body fat level. This release is valid for only one season and expires following the State Individual Wrestling Tournament each year.

The sub-12% female, who receives this clearance may NOT wrestle at a weight class below her weight at the time of body composition assessment.

WRESTLER'S NAME: _____ GRADE: _____ SCHOOL: _____

OFFICIAL BODY COMPOSITION ASSESSMENT VERIFICATION - STEP #1

DATE OF OFFICIAL BODY COMPOSITION ASSESSMENT: _____

ACTUAL WEIGHT AT OFFICIAL BODY COMPOSITION ASSESSMENT: _____ pounds.

PERCENT BODY FAT AT OFFICIAL BODY COMPOSITION ASSESSMENT: _____ percent.

Signature of assessor & name of agency conducting the official body composition assessment _____ **DATE** _____

EXAMINING MEDICAL PROFESSIONAL'S EVALUATION INFORMATION - STEP #2

DATE OF MEDICAL PROFESSIONAL'S EVALUATION: _____ WEIGHT AT MEDICAL EVALUATION: _____

LICENSED MEDICAL PROFESSIONAL'S APPROVAL (See top of form for approved medical personnel)

It is my medical opinion that the above-named wrestler is naturally **BELOW** 12% body fat and can compete in a safe and healthy manner at a weight class that may be below their weight predicted at 12% body fat, but which is **NOT** below their actual body weight at the time their OFFICIAL body composition was assessment.

LICENSED MEDICAL PROFESSIONAL'S SIGNATURE _____ *DATE* _____

LICENSED MEDICAL PROFESSIONAL'S NAME (typed or printed) _____ *DESIGNATION (MD, DO, DC, PA, ARNP)* _____

ATHLETIC DIRECTOR/PRINCIPAL ACKNOWLEDGMENT

I acknowledge that the above named wrestler is permitted by their parent or guardian and the medical professional signing this form to compete at their natural weight that is **BELOW** their 12% weight as predicted by body composition assessment.

ATHLETIC DIRECTOR'S OR PRINCIPAL'S SIGNATURE _____ *DATE* _____

- OVER PLEASE FOR ADDITIONAL MEDICAL INFORMATION -

TO THE MEDICAL PROFESSIONAL SIGNING THIS MEDICAL RELEASE:
(Medical Doctor, MD; Doctor of Osteopathic Medicine, DO; Doctor of Chiropractic, DC; Physician's Assistant, PA; or Advanced Registered Nurse Practitioner, ARNP)

National high school wrestling rules require a medical release for any wrestler whose body composition at the time of body composition assessment is less than 12% for females. **The wrestler named on this release form is requesting medical clearance stating he/she is naturally at a sub-12% body fat level.**

A wrestler having less than 12% body fat at the time of body composition assessment **CANNOT** certify, or wrestle, at a weight class less than their actual weight at the time of assessment, even with a physician's written release. If a female wrestler's **percent body fat at the time of body composition assessment is BELOW 12% the wrestler shall** wrestle at their minimum wrestling weight class as determined by body composition assessment at 12% body fat, or, if their sub-12% body fat weight is exactly that of one of the weight classes, the wrestler may wrestle at that weight providing they have a physician's written release stating they are naturally below 12%.

Most adolescents require a minimum of 12% body fat for females to achieve optimal growth and development. However, some adolescents are naturally lean and develop normally at a lower percent body fat. **Please evaluate this wrestler for normal growth and development, paying particular attention to weight fluctuations and their growth curve. Based on the wrestler's history and your exam determine if their present weight is compatible with normal growth and development.**

By signing this release, you are indicating that, in your medical opinion, it is safe and healthy for this wrestler who is naturally BELOW 12% body fat to compete at a weight class that may be BELOW their weight predicted at 12% body fat, but which is NOT below their actual body weight at the time their OFFICIAL body composition was assessment.

Questions or comments about this release should be directed to Madison Melchert, IGHS AU Wrestling Administrator at madison@ighsau.org.