



## NORTH COAST SECTION, CIF

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Web Site: [www.cifncs.org](http://www.cifncs.org)

### Wrestling Weight Management Program

## PHYSICIAN CLEARANCE FORM

### WRESTLER BODY FAT ALLOWANCE

**Request to allow wrestler to compete with a body fat of less than 7% for boys and 12% for girls.**

This form shall be completed and filed with the North Coast Section, Assoc. Commissioner, Gil Lemmon. The athlete may not compete until this form is received and the student appears on the school's Wrestling Alpha Master Report. NCS FAX # 925-866-7100

#### TO THE PHYSICIAN:

The CALIFORNIA INTERSCHOLASTIC FEDERATION (CIF) has instituted the California 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 CIF Certified Assessor through Bioelectrical Impedance Analysis (BIA) measurements. The standard error for this method is  $\pm 4\%$  for higher weights. 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 less than 7% body fat (or 12% for females). The athlete is requesting that he or she be allowed to wrestle at his or her present weight – (alpha weight-see below). Because this weight is less than 7% (for males) and 12% (for females) body fat, CIF 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 examination, determine if his/her present weight is compatible with normal growth, development, and good health.

Thank you,

Tom Ehrhorn  
CIF/North Coast Section Commissioner

Gil Lemmon  
CIF/NCS Assoc. Commissioner

OVER FOR FORM TO BE COMPLETED

**North Coast Section/California Interscholastic Federation  
Wrestling Weight Management Program**

**PHYSICIAN CLEARANCE FORM**

Wrestler's name: \_\_\_\_\_

School: \_\_\_\_\_ Grade: 9 10 11 12

**CIF/NCS Bioelectrical Assessment (BIA) Results**

Date of BIA Assessment: \_\_\_\_/\_\_\_\_/2007

Alpha Weight: \_\_\_\_\_ lbs.      Body fat: \_\_\_\_\_ %      Height: \_\_\_\_\_

Wrestling Weight class that immediately exceeds the Alpha Weight: \_\_\_\_\_ lbs.

Signature of NCS Assessor: \_\_\_\_\_

I have examined the above named student-athlete and believe that based on the patient's history, and this examination, that his/her present weight is compatible with normal growth, development, and good health. I therefore approve of this student-athlete's participation at the weight class at or above the Alpha Weight listed above.

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

Print Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

**PARENTS' STATEMENT**

As the parent or guardian of the above named student-athlete I support our doctor's decision regarding our son's/daughter's participation at the weight class at or above the Alpha Weight listed above.

Parent signature: \_\_\_\_\_ **DATE:** \_\_\_\_\_

Print Name: \_\_\_\_\_ Relationship to student: \_\_\_\_\_

**COACH STATEMENT**

As the coach for this athlete I support the doctor's and parent's decision regarding their patient's/son/daughter's participation at the weight class at or above the Alpha Weight listed above.

Coach's Signature: \_\_\_\_\_ **DATE** \_\_\_\_\_

Print Name: \_\_\_\_\_

**PRINCIPAL'S STATEMENT**

As the principal of the above named student-athlete's high school I affirm that the process of Physician Clearance has been completed properly.

Principal Signature: \_\_\_\_\_ **Date:** \_\_\_\_\_

Print Name: \_\_\_\_\_ School: \_\_\_\_\_

- This form is the only document accepted as a "Physician Clearance."
- FAX a copy of this form to the North Coast Section, Attn. Gil Lemmon.  
**FAX # 925-866-7100**
- The wrestler may not compete until this form is received and his/her data has been entered into the NWCA Web site (allow 72 hours); the student appears on the school's Wrestling **Alpha Master Report**; & the wrestler can print his/her own **Weight Loss Plan**.