

Minnesota State High School League
Male Wrestling Weight Permit

NOTE TO SCHOOL OFFICIALS

Each student participating in wrestling must have a current completed physical form and must submit the annual Wrestling Weight Permit properly signed by the skin fold technician, a physician and the student's parent before engaging in any interschool wrestling match. **SKIN MEASUREMENTS AND WEIGHT MUST BE DONE AT THE SAME TIME.** This permit must be kept on file in the school office and be available on request.

NOTE TO PHYSICIAN AND PARENT

The purpose of this report is to prevent undue and unsafe weight reduction for competitive purposes—weight reduction which might jeopardize the physical, scholastic and psychological well-being of the student. During the wrestling season, which can extend to early March, the student-athlete should eat and drink normally while in training and participating in wrestling activities.

This weight permit form cannot be changed by modification or by a second examination. There are no exceptions to this rule.

Student: _____ School: _____
 Date of Birth: _____ Age: _____ Years in Wrestling: _____

The MSHSL requires that the minimum wrestling weight be established based on body fat. Following is the required protocol.

Skin fold measurement sites (Thickness in mm)

Tricep _____
 Infrascapular (below medial lower angle of scapula) _____
 Abdominal (to right of umbilicus) _____
 Sum Skin Folds (SSF) [_____]
 Weight (on date of examination) _____

Any wrestler who is determined to be below 7% body fat at the time of certification will be required to verify proper hydration. The wrestler will submit a urine sample to the skin fold technician who is certifying the wrestler's weight. The technician will determine the hydration of the wrestler via refractometer or dip stick analysis. The specific gravity of the urine must be less than 1.025.

Specific Gravity: _____

Equations

$$\text{Body Density (BD)} = \{1.0973 - (\text{SSF} \times .000815)\} + \{(\text{SSF})^2 \times .00000084\}$$

$$\text{BD} = \{1.0973 - (\text{_____} \times .000815)\} + \{(\text{_____})^2 \times .00000084\} = \text{_____}$$

$$\% \text{ Body Fat (\% BF)} = \{(4.57 / \text{BD}) - 4.142\} \times 100$$

$$\% \text{ BF} = \{(4.57 / \text{_____}) - 4.142\} \times 100 = \text{_____}$$

$$\text{Weight at 7\% BF} = \{[1 - (\% \text{ BF} / 100)] \times \text{Weight}\} / .93$$

$$\text{Weight at 7\% BF} = \{[1 - (\text{_____} / 100)] \times \text{Weight}\} / .93 = \text{_____}$$

Standard error allowance = 3%

Minimum Wrestling Weight = Weight at 7% BF x .97

Minimum Wrestling Weight = _____ x .97 =

 Signature of Skin Fold Technician Skin Fold Measurement Date

Physician's Recommendation

As the attending physician, I have personally examined this student and certify that the student-athlete designated above should not be allowed to wrestle in any weight classification less than the listed weight class circled below:

106 113 120 126 132 138 145 152 160 170 182 195 220 285
(Hwt.)

Signature of Physician: _____ Date Examined: _____

Parent's Recommendation

As a parent, I am responsible for the health and welfare of my child. I have read the recommendation of the examining physician and I request that the student-athlete designated above should not be allowed to wrestle in any weight classification less than the listed weight class circled below:

106 113 120 126 132 138 145 152 160 170 182 195 220 285
(Hwt.)

The higher of the two weight class designations recommended by the Parent or the Physician shall be the minimum weight class for competition.

Signature of Parent: _____ Date: _____

Note to physician and parent: The purpose of this report is to prevent undue and unsafe weight reduction for competitive purposes—weight reduction which might jeopardize the physical, scholastic and psychological well being of the student. During the wrestling season the student-athlete should eat and drink normally while in training and participating in wrestling activities. The physician is encouraged to review the MSHSL's guidelines for the weight certification process found on the MSHSL Website prior to completing the weight certifications.

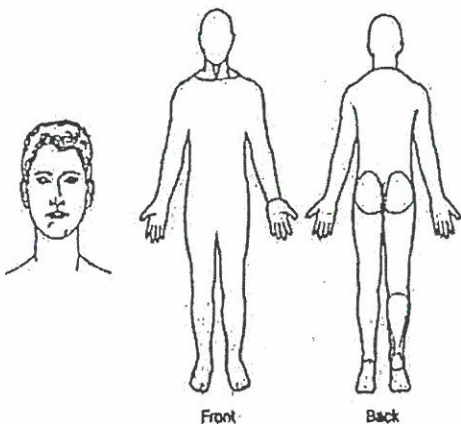
Minnesota State High School League
WRESTLING SKIN CONDITION REPORT

PHYSICIAN RELEASE FOR WRESTLER TO PARTICIPATE WITH SKIN LESION

PRIVATE/CONFIDENTIAL DATA

Name: _____ Date of Exam: ____ / ____ / ____

Mark Location AND Number of Lesion(s)



Diagnosis: _____

Location AND Number of Lesion(s): _____

Medication(s) used to treat lesion(s): _____

Date Treatment Started: ____ / ____ / ____

Earliest date may return to participation: ____ / ____ / ____

Form Expiration Date: ____ / ____ / ____

Physician Signature: _____

Physician Name (Printed or Typed): _____ Office Phone #: _____

(M.D. or D.O.)

Office Address: _____

Note: To ensure medical instructions and MSHSL rules are being followed, this form should be faxed to the Activities Director at the student's school.

Note to providers: Non-contagious lesions do not require treatment prior to return to participation (e.g. eczema, psoriasis, etc.) Please familiarize yourself with NFHS Rules, 4-2-3 and 4-2-4 which states:

"ART. 3 . . . If a participant is suspected by the referee or coach of having a communicable skin disease or any other condition that makes participation appear inadvisable, the coach shall provide current written documentation as defined by the NFHS or the state associations, from a physician stating that the suspected disease or condition is not communicable and that the athlete's participation would not be harmful to any opponent. This document shall be furnished at the weigh-in or prior to competition in the dual meet or tournament. Covering a communicable condition shall not be considered acceptable and does not make the wrestler eligible to participate."

"ART. 4 . . . If an on-site meet physician is present, he/she may overrule the diagnosis of the physician signing the physician's release form for a wrestler to participate with a particular skin condition."

Once a lesion is not considered contagious, it may be covered to allow participation.

Below are some treatment guidelines that suggest MINIMUM TREATMENT before return to wrestling:

Bacterial diseases (Impetigo, boils): To be considered "non-contagious", all lesions must be scabbed over with no oozing or discharge and no new lesions should have occurred in the preceding 48 hours. Oral antibiotic for three (3) days is considered minimum to achieve that status. If new lesions continue to develop or drain after 72 hours, CA-MRSA (Community Associated Methicillin Resistant Staphylococcus Aureus) should be considered and minimum oral antibiotics should be extended to ten (10) days before returning the athlete to competition or until all lesions are scabbed over, whichever occurs last.

Herpetic lesions (Simplex, Fever blisters/cold sores, Zoster, Gladiatorum): To be considered "non-contagious", all lesions must be scabbed over with no oozing or discharge and no new lesions should have occurred in the preceding 48 hours. For primary (first episode of Herpes Gladiatorum), wrestlers should be treated and not allowed to compete for a minimum of ten (10) days. If general body signs and symptoms like fever and swollen lymph nodes are present, that minimum period of treatment should be extended to 14 days. With recurrent outbreaks the athlete may return to competition on the 7th day of oral anti-viral treatment, again so long as no new lesions have developed in the last 48 hours and all lesions are scabbed over.

Tinea Lesions (ringworm scalp, skin): Oral or topical treatment for 72 hours on all skin and 14 days on scalp.

Scabies, Head lice: 24 hours after appropriate topical management.

Conjunctivitis: 24 hours of topical or oral medication and no discharge.

Molluscum Contagiosum: 24 hours after curettage.

Parent Signature Required: _____