

**GEORGIA INDEPENDENT ATHLETIC ASSOCIATION
WRESTLING WEIGHT MANAGEMENT PROGRAM
MEDICAL CLEARANCE**

WRESTLER AT/BELOW 7% or 19% BODY FAT

Any **male wrestler** whose body fat percentage at the time of their initial assessment is at or below **7%** must obtain written clearance from a medical professional (MD, DO, PA or RNP) stating that the athlete is naturally at this low body fat level. In the case of a **female wrestler**, written physician clearance must be obtained for athletes who are at or below **19%** body fat. This physician clearance is for one season duration and expires on March 1 of each school year.

Coach: Complete this section prior to medical appointment

WRESTLER'S NAME _____ GRADE: 8 9 10 11 12

SCHOOL _____

INITIAL ASSESSMENT DATA (from OPC):

DATE OF INITIAL ASSESSMENT: _____ WEIGHT: _____

% OF BODY FAT: _____ MINIMUM WEIGHT CLASS: _____

EXAMINING MEDICAL PROFESSIONAL (MD, DO, PA, or RNP)

Date seen in Office ____/____/____

Today's Weight _____ lbs.

The wrestler named above is at or below the minimum body fat allowed by GIAA Weight Management Program guidelines. This athlete has been granted clearance to wrestle at / above the minimum weight class determined at the initial assessment. **No weight loss.**

MD/DO/PA/RNP SIGNATURE _____ DATE _____

ADDRESS: _____

CITY: _____ ZIP: _____

PARENT SIGNATURE: _____ DATE: _____

NOTE:

This form is the only document accepted by the GIAA for Medical Clearance.
No fees are required for this option.

Email or mail this form to the GIAA, ATTN: Clint Morgan and Amy Eller
192 Roberson Mill Road NE Milledgeville, GA 31061
EMAIL: clint@giaasports.org and amy@giaasports.org

GEORGIA INDEPENDENT ATHLETIC ASSOCIATION WRESTLING WEIGHT MANAGEMENT

WEIGHT CLASS APPEAL

Any male athlete may appeal the minimum weight class determined by the Optimum Performance Calculator (OPC) at the time of their initial assessment. **This appeal is for one (1) weight class lower only.** The lower certification must be approved by a licensed physician (MD or DO) who has evaluated the athlete and has determined that it is safe for the athlete to drop to a lighter weight.

This form must be completed in its entirety and the original form along with a **\$100.00 Appeal Fee (payable by money order, school or booster club check ONLY) must be mailed to the GIAA at the address below.**

Coach: Complete this section prior to physician appointment

WRESTLER'S NAME _____ GRADE: 8 9 10 11 12

SCHOOL _____

INITIAL ASSESSMENT DATA (from OPC):

DATE OF INITIAL ASSESSMENT: _____ WEIGHT: _____

% OF BODY FAT: _____ MINIMUM WEIGHT CLASS: _____

EXAMINING PHYSICIAN

Date seen in Office ____/____/____

Today's Weight _____ lbs.

Circle: A or B

A. After an in-office evaluation, the wrestler named above has received approval to compete in a weight class that is one (1) weight class below his initial assessment. The athlete may engage in a weight loss plan to reach the GIAA weight class circled below. This option requires a \$100.00 Appeal Fee.

B. The wrestler named above is advised to wrestle at a weight class at or above the initial assessment. The wrestler is not approved to participate in a weight class lower than that determined by the initial assessment. No fee required for this option.

*****CIRCLE THE MINIMUM WEIGHT CLASS ALLOWED *****

106 – 113 – 120 – 126 – 132 – 138 – 144 – 150 – 157 – 165 – 175 – 190 – 215 – 285

PHYSICIAN SIGNATURE _____ DATE _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

**** PARENT SIGNATURE _____ DATE _____**

**** NOTARY SIGNATURE & STAMP _____ DATE _____**

Mail form and payment to the GIAA, ATTN: Clint Morgan and Amy Eller
192 Roberson Mill Road NE, Milledgeville, GA 31061
EMAIL: clint@giaasports.org and amy@giaasports.org