

VHSL WRESTLING WEIGHT CONTROL PROGRAM

PHYSICIAN CERTIFICATION OF WRESTLER'S NATURAL WEIGHT BELOW 7% (MALE) OR 12% (FEMALE)

Dear Physician:

In an attempt to minimize unsafe weight loss practices frequently practiced by wrestlers, the Virginia High School League, in concert with many other states, has instituted a program establishing a MINIMUM wrestling weight based on 7% body fat for males and 12% body fat for females. We recognize that a few individuals may have a body composition and weight that naturally occurs below that amount and we do not want to penalize that athlete.

Your patient, _____ has been evaluated and their current body fat is under 7%.

The minimum competitive weight class based on the current body fat and weight for your patient is _____.

We ask that you certify this weight is this athlete's natural body fat composition. Please evaluate your patient and sign below if you feel appropriate. Our program would allow for this athlete to wrestle at no lower than 2% below the present weight noted below as "Actual weight".

This athlete was body fat tested using the VHSL Weight Control Program protocols assessing urine specific gravity to determine status of hydration. The results are as follows:

Date of assessment: _____ USG at time of test: _____

Actual weight: _____ Current percent body fat: _____

Physician to complete:

I have examined this student athlete, based on my records and examination, I certify that the above weight and percent body fat a natural weight and would be safe for wrestling competition at this weight.

Physician Signature

Print name

Name of Practice

Address

Date