

**PHYSICIANS RELEASE FORM**

*(This form is required of any wrestler that has a body fat less than 7% in males and 12% in females in order to be cleared by a physician to wrestle for the 2019-20 school year.)*

**Section A**

***(To be completed by the testing Administrator)***

Name of wrestler: \_\_\_\_\_ Age: \_\_\_\_\_ School: \_\_\_\_\_

Date of Weight Management Test: \_\_\_\_\_ Percent Body Fat: \_\_\_\_\_

Test Site: \_\_\_\_\_

Administrator Signature: \_\_\_\_\_

Head Coach Signature: \_\_\_\_\_

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**Section B**

***(To be completed by the attending physician)***

Name of athlete: \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Date of examination/evaluation: \_\_\_\_\_

This wrestler has tested under the minimum body fat percentage required by the NFHS and the LHSAA rules. Is it your medical opinion that it is safe for this athlete to wrestle for the 2019-20 school year? YES \_\_\_\_\_ NO \_\_\_\_\_

Attending Physician Statement: \_\_\_\_\_

Attending Physician Name (Print): \_\_\_\_\_

Attending Physician's Signature: \_\_\_\_\_

Date Signed: \_\_\_\_\_

**PLEASE SUBMIT THIS FORM WHEN COMPLETED TO**  
**Adam MacDowell, email [amacdowell@lhsaa.org](mailto:amacdowell@lhsaa.org)**  
**Mail original to: Louisiana High School Weight Certification**  
**3233 Florida Ave. Kenner, Louisiana 70065**