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 2020-21 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: ________________________________________________

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
Mail original to: Louisiana High School Weight Certification
3233 Florida Ave. Kenner, Louisiana 70065