

SCHOOL YEAR: _____
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PARTICIPANT NAME: \_\_\_\_\_  
Last First Middle

GRADE: \_\_\_\_\_ BIRTHDAY: \_\_\_\_\_

GENDER: \_\_\_\_\_ HEIGHT: \_\_\_\_\_ WEIGHT: \_\_\_\_\_

SCHOOL CURRENTLY ATTENDING: \_\_\_\_\_

**PHYSICIAN'S RECOMMENDATION**

I recommend that the pupil designated above should not be allowed to wrestle any weight less than the indicated classification checked:

<input type="checkbox"/> 64-75	<input type="checkbox"/> 70-82	<input type="checkbox"/> 87	<input type="checkbox"/> 92	<input type="checkbox"/> 97	<input type="checkbox"/> 103	<input type="checkbox"/> 112	<input type="checkbox"/> 119	<input type="checkbox"/> 125	<input type="checkbox"/> 130	<input type="checkbox"/> 135	<input type="checkbox"/> 140	<input type="checkbox"/> 145
<input type="checkbox"/> 152	<input type="checkbox"/> 160	<input type="checkbox"/> 171	<input type="checkbox"/> 189	<input type="checkbox"/> 215	<input type="checkbox"/> over 215,	<input type="checkbox"/> Other:	<input type="checkbox"/> Other:	<input type="checkbox"/> Other:				

**Note:** Contestants are allowed three pounds growth allowance during the season as stated in the WIAA Handbook under Junior High School Wrestling Regulations. This will allow them to stay within their weight classification.

\_\_\_\_\_  
SIGNATURE OF PHYSICIAN DATE EXAMINED

NOTE TO PHYSICIAN: The purpose of this report is to prevent undue weight reduction for competitive purposes. WIAA middle school rules permit leagues to adopt up to twenty (20) weights divisions. The above weights may vary between leagues.

**PARENT/GUARDIAN APPROVAL**

I have read and accept the above recommendation made by the examining physician.

\_\_\_\_\_  
SIGNATURE OF PARENT/GUARDIAN DATE