



Florida High School Athletic Association

WR7

Revised 11/09

Clearance for Minimum Body Fat Percentage

Have an FHSAA-recognized wrestling assessor fill out Section 1 of the form. A physician must then fill out Section 2. Give the completed original to the school's athletic director. Attach a copy of the form to the NWCA weigh-in sheet. DO NOT SEND TO THE FHSAA OFFICE.

Section 1 (to be completed by an FHSAA wrestling assessor)

School: _____ City: _____

Name of Student: _____ Student ID: _____ Grade: _____

Height: _____ Weight: _____ Body Fat %: _____ Minimum Weight: _____

Michael J. Rice MCM
Printed Name of Assessor

Date of Assessment

727, 433-0470
Daytime Phone Number of Assessor

mrice@corahealth.com
E-mail Address of Assessor

Section 2 (to be completed by a physician)

_____ it is safe for this student-athlete to wrestle during the _____ school year.

_____ it is **NOT** safe for this student-athlete to wrestle during the _____ school year.

Name of Physician

Signature of Physician

Date

Physician Stamp: _____

