

GREEN MEDICAL ALERT

USA WRESTLING

The contestant named below has been cleared by the Tournament Medical Staff to safely return to competition as of the date and time of this ALERT.

Contestant's Name: _____ Age Group: _____

Date of Issue: _____ Time of Issue: _____

State/Team/Organization: _____ Weight Class: _____

Tournament Site: _____ Event: _____

Comments: _____

YELLOW ALERT ISSUED: Yes No

Coach Notified: Yes No

Signature: _____ **Print Name:** _____

This Form must be recorded and returned to Operations Official Immediately.