



Medical Clearance Form for Divisions C, D, E, and F

Form must be completed by one of the following: MD, DO, PA with MD/DO co-signature, NP with MD/DO co-signature

All wrestlers in Divisions C, D and E must present a medical clearance form at weigh-ins that states the competitor is cleared to compete without any restriction. The medical clearance form must be dated within 90 days of competition and clearly identify the doctor with location and contact information.

Name of Medical Center or Practice: _____

Name of Medical Professional (MD/DO/PA/NP): _____

Office Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Certify that I have examined this day

Athlete First Name: _____ Last Name: _____

Athlete Date of Birth: _____ Blood Pressure: _____ Heart Rate: _____

Athlete Style: _____ Athlete Weight: _____

City: _____ State: _____

I certify that the above athlete is cleared to compete in USA Wrestling Master's division without any restriction. The above athlete has the cardiovascular to compete in an intense, vigorous competition per USAW and UWW regulations. All wrestlers in Divisions C, D and E must present a medical clearance form at weigh-ins.

Doctors (MD/DO) Printed Name: _____

Doctors (MD/DO) Signature: _____

Date: _____