Masters Medical Clearance Form

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.

FAMILY NAME		First name	
Date of Birth		City/ State	
Wrestling Style		Weight Class	
Blood Pressure		Heart Rate	
Name of Competition			

[1]**:** For minor athletes, this form shall be signed by a parent/guardian, thereby authorizing the athlete to compete in his/her age category.

I, the undersigned, Doctor**,**

Name (family name, first name)			
Name of Medical Center or Practice			
Medical Specialty			
Office Address		Email	

- I certify that I have examined the Wrestler designated here above on…..(*DD/MM/YYYY*);
- 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.
- I certify that the information provided in this certificate is accurate.

This certificate is done on request by the above-mentioned wrestler for appropriate legal purposes.

Date, place, doctor's signature and stamp:

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