



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

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 Doctor (MD/DO): \_\_\_\_\_

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: \_\_\_\_\_