

## Section 7: CIPPE MINIMUM WRESTLING WEIGHT CLASSIFICATION

### INSTRUCTIONS

Pursuant to the Weight Control Program adopted by PIAA, prior to the participation by any student in interscholastic wrestling, the minimum weight classification at which the student may wrestle during the season must be (1) certified to by an Authorized Medical Examiner, and (2) established NO EARLIER THAN six weeks prior to the first Regular Season Contest day of the wrestling season and NO LATER THAN the Monday preceding the first Regular Season Contest day of the wrestling season. This certification shall be provided to and maintained by the student's Principal, or the Principal's designee.

In certifying to the minimum weight classification, the Authorized Medical Examiner shall first make a determination of the student's Urine Specific Gravity/Body Weight and Percentage of Body Fat, or shall be given that information from a person authorized to make such an assessment ("the Assessor"). This determination shall be made consistent with National Federation of State High School Associations (NFHS) Wrestling Rule 1, Competition, Section 3, Weight-Control Program, which requires, in relevant part, hydration testing with a specific gravity not greater than 1.025, and an immediately following body fat assessment, as determined by the National Wrestling Coaches Association (NWCA) Optimal Performance Calculator, Scholastic Edition (together, the "Initial Assessment").

Where the Initial Assessment establishes a percentage of body fat below 7% for a male or 12% for a female, the Authorized Medical Examiner may require that the student wrestle at a minimum weight classification one or more weight classifications above what would otherwise be appropriate based upon the student's Minimum Wrestling Weight, as established by the Initial Assessment. Under these circumstances, the Authorized Medical Examiner may NOT allow a wrestler to participate at a minimum weight classification below that determined by the Initial Assessment.

For all wrestlers, the certified minimum wrestling weight class shall be certified to by an Authorized Medical Examiner. The Authorized Medical Examiner shall initial the minimum wrestling weight class, pursuant to the Initial Assessment.

Student's Name \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_  
Enrolled in \_\_\_\_\_ School \_\_\_\_\_

### INITIAL ASSESSMENT

I hereby certify that I have conducted an Initial Assessment of the herein named student consistent with the NWCA Optimal Performance Calculator, Scholastic Edition, and have determined as follows:

Urine Specific Gravity/Body Weight \_\_\_\_\_ / \_\_\_\_\_ Percentage of Body Fat \_\_\_\_\_ Minimum Wrestling Weight \_\_\_\_\_

Assessor's Name (print/type) \_\_\_\_\_ Assessor's I.D. # \_\_\_\_\_

Assessor's Signature \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

### CERTIFICATION

Consistent with the instructions set forth above and the Initial Assessment, I have determined that the herein named student is allowed to wrestle at the following minimum weight classification during the 20\_\_\_\_ - 20\_\_\_\_ wrestling season (**the Authorized Medical Examiner may initial only one of the following senior high or junior high/middle school weight classes**):

#### SENIOR HIGH SCHOOL (14 Weight Classifications):

103 lbs. \_\_\_\_\_ 112 lbs. \_\_\_\_\_ 119 lbs. \_\_\_\_\_ 125 lbs. \_\_\_\_\_ 130 lbs. \_\_\_\_\_ 135 lbs. \_\_\_\_\_ 140 lbs. \_\_\_\_\_  
145 lbs. \_\_\_\_\_ 152 lbs. \_\_\_\_\_ 160 lbs. \_\_\_\_\_ 171 lbs. \_\_\_\_\_ 189 lbs. \_\_\_\_\_ 215 lbs. \_\_\_\_\_ 285 lbs. \_\_\_\_\_

#### JUNIOR HIGH/MIDDLE SCHOOL (18 Weight Classifications):

75 lbs. \_\_\_\_ 80 lbs. \_\_\_\_ 85 lbs. \_\_\_\_ 90 lbs. \_\_\_\_ 95 lbs. \_\_\_\_ 100 lbs. \_\_\_\_ 105 lbs. \_\_\_\_ 110 lbs. \_\_\_\_ 115 lbs. \_\_\_\_  
122 lbs. \_\_\_\_ 130 lbs. \_\_\_\_ 138 lbs. \_\_\_\_ 145 lbs. \_\_\_\_ 155 lbs. \_\_\_\_ 165 lbs. \_\_\_\_ 185 lbs. \_\_\_\_ 210 lbs. \_\_\_\_ 250 lbs. \_\_\_\_

Authorized Medical Examiner's Name (print/type) \_\_\_\_\_ License # \_\_\_\_\_

Address \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Authorized Medical Examiner's Signature \_\_\_\_\_ MD, DO, PAC, CRNP, or SNP Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
(circle one)

**NOTE:** Any athlete who disagrees with the Initial Assessment may appeal the assessment results one time by having a second assessment performed. The second assessment must utilize either Air Displacement Plethysmography (Bod Pod) or Hydrostatic Weighing testing to determine body fat percentage. Results obtained at the second assessment shall supersede the Initial Assessment and are automatically accepted; no further appeal by any party is permitted. All costs incurred in the second assessment are the responsibility of those appealing the Initial Assessment. The urine specific gravity testing will be conducted and the athlete will need to have a result of less than or equal to 1.025 in order for the second assessment to proceed.