

# Medical Alert

After professional examination for injury or illness, the contestant named below **is permitted to resume competition** in the USA Wrestling event.

Contestant's Name \_\_\_\_\_ Age Group \_\_\_\_\_

State/Organization \_\_\_\_\_ Weight Class \_\_\_\_\_

FREESTYLE \_\_\_\_\_ GRECO \_\_\_\_\_ POOL \_\_\_\_\_ DRAW NO. \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature \_\_\_\_\_

Medical Officer

**THIS FORM MUST BE RETURNED IMMEDIATELY TO THE PAIRINGS DIRECTOR**