

Medical Alert

Because of injury or illness, the contestant named below is **prohibited from further competition** in the USA Wrestling championships. It is the professional opinion of the Undersigned medical officer that continued competition could endanger the health and well being of the contestant.

Contestant's Name _____ Age Group _____

State/Organization _____ Weight Class _____

Comments: _____

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Signature _____

Medical Officer

THIS FORM MUST BE RETURNED IMMEDIATELY TO THE PAIRINGS DIRECTOR