



SOUTH AFRICAN
WRESTLING FEDERATION

GENDER DETERMINATION FOR WOMAN WRESTLERS

I, Dr _____, certify that I have medically examined

Ms _____, ID Number, _____.

I FIND HER TO PASS/FAIL THE FEMALE GENDER TEST (delete where applicable)

Signed at _____ on this the ____ day of _____ 20____.

Signature

Initials & Surname

Qualifications

Year first qualified

Practise Number

(Official Stamp here)

Dear Colleague

The bearer of this document is an athlete participating in the sport of wrestling. Our regulations is in accordance with United World Wrestling rules of wrestling. In South Africa all woman wrestlers are to undergo a medical examination in order to certify that she is in fact of the female gender. Kindly assist us in this rather delicate issue, by completing the above certificate.

Thank you

Dr. Francios Visser
South African Wrestling Federation Medical Consultant