

MEDICAL RELEASE FOR WRESTLER TO PARTICIPATE WITH SKIN LESION

Name: _____

Date of Exam: ___ / ___ / ___

Mark Location AND Number of Lesion(s)

Has lesion been cultured YES: _____ NO _____

If YES indicate diagnosis _____

Location AND Number of Lesion(s) _____

Medication(s) used to treat lesion(s): _____

Date Treatment Started: ___ / ___ / ___

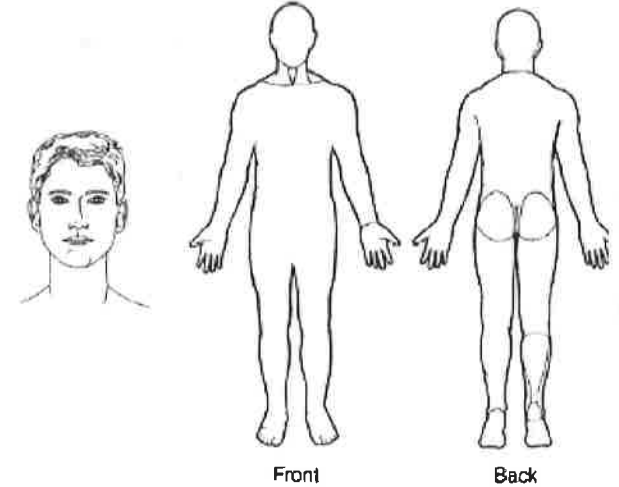
Form Expiration Date: ___ / ___ / ___

Earliest Date may return to participation: ___ / ___ / ___

Provider Signature _____ Office Phone #: _____

Provider Name (Must be legible) _____

Office Address _____



Note to licensed MD, DO, PA, APN: Non-contagious lesions do not require treatment prior to return to participation (e.g. eczema, psoriasis, etc.). Please familiarize yourself with ****NFHS Rules 4-2-3, 4-2-4 and 4-2-5 which states:**

"ART. 3 . . . If a participant is suspected by the referee or coach of having a communicable skin disease or any other condition that makes participation appear inadvisable, the coach shall provide current written documentation as defined by the NFHS or the state associations, from a licensed MD, DO, PA, APN stating that the suspected disease or condition is not communicable and that the athlete's participation would not be harmful to any opponent. This document shall be furnished at the weigh-in for the dual meet or tournament. The only exception would be if a designated, on-site meet a licensed MD, DO, PA, APN is present and is able to examine the wrestler either immediately prior to or immediately after the weigh-in. Covering a communicable condition shall not be considered acceptable and does not make the wrestler eligible to participate."

"ART. 4 . . . If a designated licensed MD, DO, PA, APN is present, he/she may overrule the diagnosis of the licensed MD, DO, PA, APN signing the medical release form for a wrestler to participate or not participate with a particular skin condition."

"ART. 5 . . . A contestant may have documentation from a licensed MD, DO, PA, APN only indicating a specific condition such as a birthmark or other non-communicable skin conditions such as psoriasis and eczema, and that documentation is valid for the duration of the season. It is valid with the understanding that a chronic condition could become secondarily infected and may require re-evaluation."

PLEASE NOTE: Form modified to define "appropriate health care professional" as a licensed MD, DO, PA, APN Once a lesion is not considered contagious, it may be covered to allow participation.

Below are some required treatments that suggest MINIMUM TREATMENT before return to wrestling:

•**Bacterial Diseases (impetigo, boils):** To be considered "non-contagious," all lesions must be scabbed over with no oozing or discharge and no new lesions should have occurred in the preceding 48 hours. Oral antibiotic for three days is considered a minimum to achieve that status. If new lesions continue to develop or drain after 72 hours, MRSA (Methicillin Resistant Staphylococcus Aureus) should be considered and minimum oral antibiotics should be extended to 10 days before returning the athlete to competition or until all lesions are scabbed over, whichever occurs last.

DATE OF TREATMENT _____ PHYSICIAN'S INITIALS _____

•**Herpetic Lesions (Simplex, fever blisters/cold sores, Zoster, Gladiatorum):** Wrestlers must be free of systemic symptoms of viral infection, have no new blisters for 72 hours prior to exam. All lesions must be dried with a firm ADHERENT CRUST and have completed a minimum of 120 hours of an appropriate dosage of systemic antiviral therapy. Wrestlers with a history of multiple recurrences should be considered for season long prophylaxis after discussing the matter with the team physician.

DATE OF TREATMENT _____ PHYSICIAN'S INITIALS _____

•**Tinea Lesions (ringworm scalp, skin):** Oral or topical treatment for 72 hours on skin and 14 days on scalp.

DATE OF TREATMENT _____ PHYSICIAN'S INITIALS _____

•**Scabies, Head Lice:** 24 hours after appropriate topical management.

DATE OF TREATMENT _____ PHYSICIAN'S INITIALS _____

•**Conjunctivitis (Pink Eye):** 24 hours of topical or oral medication and no discharge.

DATE OF TREATMENT _____ PHYSICIAN'S INITIALS _____

•**Molluscum:** 24 hours after curettage

DATE OF TREATMENT _____ PHYSICIAN'S INITIALS _____

NJSIAA REGULATION: ANY WRESTLER JUDGED NOT FIT TO WRESTLE MUST PRESENT THIS FORM AT THE DESIGNATED WEIGH IN TIME (Rule 4.2.3). THIS FORM MUST BE SIGNED BY A LICENSED MD, DO, PA, APN, THAT AN EXAM TOOK PLACE PERTAINING TO THAT CONDITION WITHIN THE LAST SEVEN (7) DAYS CLEARING THAT WRESTLER FOR COMPETITION.