

IOWA HIGH SCHOOL ATHLETIC ASSOCIATION WRESTLING SKIN CONDITION REPORT

This is the only form a referee will accept as "current, written documentation" that a skin condition is not communicable.

PHOTOCOPY AND RETAIN THIS ORIGINAL FORM FOR FUTURE USE

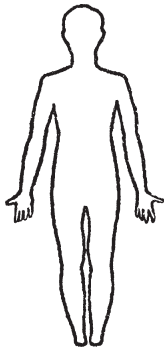
National Federation wrestling rules state, "If a participant is suspected of having a communicable skin disease or any other condition that makes participation appear inadvisable, his coach shall provide current written documentation from a physician, "licensed medical professional", stating that the suspected disease or condition is not communicable and that the athlete's participation would not be harmful to his opponent." ***"COVERING A COMMUNICABLE CONDITION SHALL NOT BE CONSIDERED ACCEPTABLE AND DOES NOT MAKE THE WRESTLER ELIGIBLE TO PARTICIPATE."*** If a wrestler has any skin condition that appears communicable to the referee, **this form must be presented to the referee, or opposing head coach, prior to competition or the wrestler in question will not be allowed to compete.**

_____ from _____ High School has
Wrestler's Name (Print or Type) *High School Name (Print or Type)*

been examined by me for the following skin condition: _____
Common name of skin condition here

(Note: Wrestling coaches - the four most common communicable wrestling skin conditions, and their medical names, are: boils - "furuncles"; cold sores - "herpes simplex type-1"; impetigo - "pyoderma"; ringworm - "tinea corporis".)

Mark the location(s) of the condition(s) on the silhouette below. (If more than one lesion is present, mark the location of each lesion on the silhouette. It is important that the location of the lesion(s) be properly marked.)



(Circle one) Front Back

Briefly state where this condition is located:



(Circle one) Right Left

It is my medical opinion that the skin condition(s) indicated above:

[] **IS** communicable at this time.

[] **IS NOT** communicable at this time

If this condition is communicable, we encourage medical professionals to contact the school's athletic director to inform him or her of the athlete's health status.

RETURN TO PARTICIPATION TIME FRAME/COMMENTS: _____

Licensed Medical Professional's Name (Please print or type)

Today's Date

Licensed Medical Professional's Signature

This form must be signed by a Medical Doctor, Doctor of Osteopathic Medicine, Doctor of Chiropractic, Physician's Assistant, or Advanced Registered Nurse Practitioner.

COMMUNICABLE SKIN CONDITIONS

(Guidelines for Safe Return to Participation)

The following information is meant to be used as guidelines for safe return to participation when a wrestler is being withheld from participation due to a communicable skin condition. **Each medical professional must determine a wrestler's readiness to return to participation on an individual basis.**

HERPES:

Before returning to participation, the wrestler should:

1. Be free from any systemic symptoms of viral infection (fever, malaise, etc.),

AND,

2. Have developed no new blisters for 3 days, **AND,**
3. Have no moist lesions. All lesions must be dry with a FIRM, ADHERENT

CRUST, AND,

4. Have been using the appropriate dosage of systemic antiviral therapy for at least 5 days.

Note: Physicians may want to consider season-long prophylaxis with acyclovir for wrestlers with recurrent herpes.

IMPETIGO and BOILS (other bacterial infections):

Before returning to participation, the wrestler should:

1. Have developed no new lesions in the past 48 hours, **AND,**
2. Have no moist, exudative or draining lesions, **AND,**
3. Have been using the appropriate dosage of antibiotic therapy for at least 3

days.

RINGWORM:

Before returning to participation, the wrestler should:

1. Not have extensive and active lesions, **AND,**
2. Have been using topical therapy for a minimum of 3 days for skin lesions.
3. For scalp lesions, a wrestler must have been using the appropriate dosage

of systemic antifungal therapy for a minimum of 2 weeks.

Source: NCAA Wrestling Rules, 2005