

# 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.***

National Federation wrestling rules state, "If a participant is suspended 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 from an appropriate health-care professional, stating that the suspected disease or condition is not communicable** and that the athlete's participation would not be harmful to any opponent." "COVERING A COMMUNICABLE CONDITION SHALL NOT BE CONSIDERED ACCEPTABLE AND DOES NOT MAKE THE WRESTLER ELIGIBLE TO PARTICIPATE." This form must be presented to the referee, or opposing head coach, AT THE TIME OF WEIGH INS or the wrestler in question will not be allowed to compete.

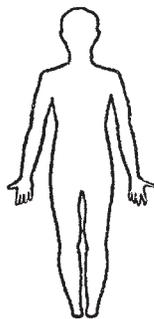
NFHS rule 4.2.5 states, "A contestant may have documentation from an appropriate health-care professional only, indicating a specific condition such as a birthmark or other non-communicable skin conditions such as psoriasis and eczema, and that documentation is valid for the season. It is valid with the understanding that a chronic condition could become secondarily infected and may require re-evaluation.

\_\_\_\_\_ from \_\_\_\_\_ High School has  
Wrestler's Name (Type or Print Legibly) High School Name (Type or Print Legibly)

been examined by me for the following skin condition: \_\_\_\_\_  
*Common name of skin condition here*

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

Mark the location(s) of the condition(s) on one of the silhouettes below.



Briefly state where this condition is located:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Circle one) Front Back (Circle one) Right Left

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

IS NOT communicable at this time.

IS COMMUNICABLE AT THIS TIME, AND THE STUDENT:

MAY NOT return to participation until cleared after a follow up examination.

MAY RETURN to participation on the date listed here: \_\_\_\_\_

*(If the lesion(s) is dry, with a firm, adherent crust. If not dry, with a firm, adherent crust the student must return to the licensed medical professional for clearance.)*

Below are suggested minimum treatment guidelines for safe return to participation when a wrestler is being withheld from participation due to a communicable skin condition. **Each licensed medical professional must determine a wrestler's readiness to return on an individual basis.**

### **BACTERIAL INFECTIONS (Impetigo, Boils, MRSA, Staphylococcal disease, or other bacterial infections)**

**Before returning to participation**, the wrestler should: 1) Have developed no new lesions in the preceding 48 hours, **AND**; 2) have no oozing or discharge from lesions (all lesions must be dried and have a **firm, adherent crust**), **AND**; 3) have been using the appropriate antibiotic therapy for at least 72 hours (3 full days) at the time of competition. If new lesions continue to develop or drain after 72 hours, CA-MRSA should be considered and appropriate medical treatment given, if necessary.

### **HERPES LESIONS (Simplex, fever blisters/cold sores, Zoster, Gladitorium)**

**Before returning to participation**, the wrestler should:

**Primary Infection:** 1) Be free of systemic symptoms of viral infection (fever, malaise, etc.), **AND**; 2) have developed no new lesions in the preceding 72 hours, **AND**; 3) have no oozing or discharge from lesions (all lesions must be dried and have a firm, adherent crust), **AND**; 4) have been using appropriate systemic antiviral medication for at least 240 hours (10 full days) at the time of return to participation. If general body signs and symptoms like fever and swollen lymph nodes are present, the minimum period of treatment should be extended to 14 days.

**Recurrent Outbreaks:** 1) Have no moist lesions (all lesions must be dried and have a **firm, adherent crust**) **AND**; 2) have been using appropriate systemic antiviral medication for at least 120 hours (5 full days) at the time of competition. Medical professionals may want to consider season-long prophylaxis with acyclovir for wrestlers with a history of recurrent herpes infection.

### **TINEA LESIONS (Ringworm)**

**Before returning to participation**, the wrestler should: 1) Not have extensive and active lesions, **AND**; 2) have been using appropriate oral or topical therapy for a minimum of 72 hours (3 full days) for skin lesions, (once the lesion is **no longer contagious** it may be covered with a bio occlusive dressing) **AND**; 3) have been using appropriate oral or topical therapy for a **minimum** of 14 days for scalp lesions.

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

\_\_\_\_\_  
Address/City

\_\_\_\_\_  
Licensed Medical Professional's Signature

\_\_\_\_\_  
Professional Designation (MD, DO, DC, PA, ARNP)

\_\_\_\_\_  
Date of Exam

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

DISCLAIMER: The Iowa High School Athletic Association, nor the Iowa Medical Society shall not be liable or responsible, in any way, for any diagnosis or other evaluation made herein, or exam performed in connection therewith, by the above named provider, or for any subsequent action taken, in whole or part, in reliance upon the accuracy or veracity of the information provided herein.

**Approved by the Iowa Medical Society's Sports Medicine Committee**