

**NATIONAL FEDERATION OF STATE HIGH SCHOOL ASSOCIATIONS SPORTS MEDICINE ADVISORY COMMITTEE
MEDICAL RELEASE FOR WRESTLER TO PARTICIPATE WITH SKIN LESION**

Student's Name: _____ Age: _____ Grade: _____

Enrolled in _____ School _____

Mark Location AND Number of Lesion(s)

Diagnosis: _____

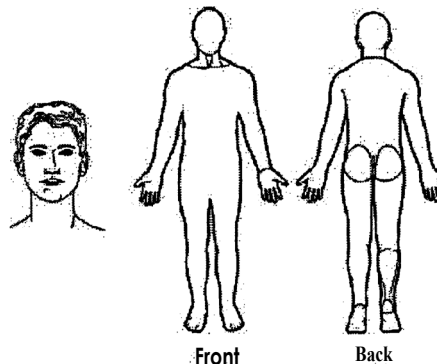
Location AND Number of Lesion(s): _____

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

Date Treatment Started: ____/____/____ Time: _____

Form Expiration Date for this Lesion [Note on Diagram(s)]: ____/____/____

Earliest Date the Wrestler May Return to Participation: ____/____/____



Treating Authorized Medical Examiner (*AME) [print/type]: _____ License# _____

Address: _____ Phone: () _____

Treating *AME's Signature: _____

Below are some treatment guidelines 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, CA-MRSA (Community Associated 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.

Herpetic Lesions (Simplex, fever blisters/cold sores, Zoster, Gladiatorum): 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. For primary (first episode of Herpes Gladiatorum), wrestlers should be treated and not allowed to compete for a minimum of 10 days. If general body signs and symptoms like fever and swollen lymph nodes are present, that minimum period of treatment should be extended to 14 days. Recurrent outbreaks require a minimum of 120 hours of oral anti-viral treatment, again so long as no new lesions have developed and all lesions are scabbed over.

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

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

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

Molluscum Contagiosum: Upon treatment with curettage and hyfrecator, may cover with bioocclusive and wrestle immediately.

NOTE TO TREATING *AME: Non-contagious lesions do not require treatment prior to return to participation (e.g. eczema, psoriasis, etc.). Please become familiar with NFHS Wrestling 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 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. 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 appropriate health care professional 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 on-site meet appropriate health care professional is present, he/she may overrule the diagnosis of the appropriate health care professional 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 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 duration of the season. It is valid with the understanding that a chronic condition could become secondarily infected and may require re-evaluation. •

Once a lesion is considered non-contagious, it may be covered to allow participation.

Revised/Approved by NFHS SMAC -April 2015 / PIAA Revised March 22, 2017

***AUTHORIZED MEDICAL EXAMINER (AME):** A licensed physician of medicine or osteopathic medicine, a physician assistant certified, or either a certified registered nurse practitioner or a school nurse practitioner, who is under the supervision of a licensed physician of medicine or osteopathic medicine.

NOTE: PIAA considers an appropriate health care professional to be a M.D. or D.O.