

**Sports Medicine Advisory Committee
NATIONAL FEDERATION OF STATE HIGH SCHOOL ASSOCIATIONS**

**PHYSICIAN RELEASE FOR WRESTLER TO
PARTICIPATE WITH SKIN LESION**

Name: _____ Date of Exam: ___/___/___

Diagnosis _____

Mark Location of Lesion(s)

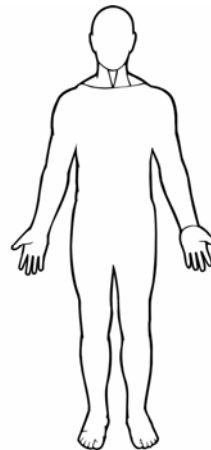
Location of Lesion(s) _____

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

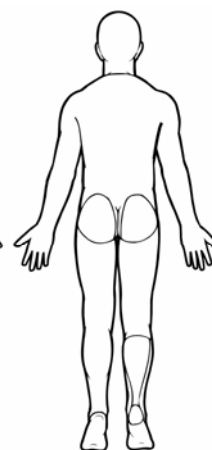
Date Treatment Started: ___ / ___ / ___

Form Expiration Date: ___ / ___ / ___

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



Front



Back

Provider Signature _____ Office Phone #: _____

Physician Name (Printed or Typed) _____
(M.D. or D.O.)

Office Address _____

Note to Providers: 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 and 4-2-4 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 from a physician 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 or prior to competition in the dual meet or tournament. Covering a communicable condition shall not be considered acceptable and does not make the wrestler eligible to participate.”

“ART. 4 . . . If an on-site meet physician is present, he/she may overrule the diagnosis of the physician signing the physician’s release form for a wrestler to participate with a particular skin condition.”

Below are some treatment guidelines that suggest **MINIMUM TREATMENT** before return to wrestling:

Bacterial diseases (impetigo, boils): Oral antibiotic for two days and no drainage, oozing, or moist lesions.

Herpetic lesions (Simplex fever blisters, Zoster, Gladiatorum): Minimum of 120 hours or a full five days of oral anti-viral treatment with no new lesions and all lesions scabbed over. Visible lesions may be present and participation may be approved so long as lesions are scabbed over.

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

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

Conjunctivitis: 24 hours of topical or oral medication and no discharge.

Molluscum Contagiosum: 24 hours after curettage.