

Release Form for Participation in Wrestling

Name _____ School _____

Diagnosis _____

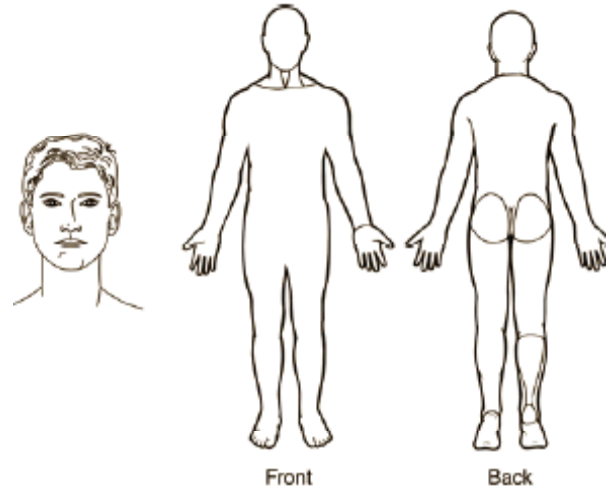
Mark Location AND Number of Lesion(s)

Contagious Non-contagious

Description/Location of Lesion(s) _____

Date Treatment Started ____/____/____

Medication(s) Used to Treat Lesion(s): _____



Date Athlete May Return to Participation ____/____/____ Date Signed ____/____/____

Note: This clearance is valid for not more than three days after the return to participation date unless the MD/DO has identified the lesion as non-contagious.

Physician Name (Printed or typed) _____

Provider Signature _____ Office Phone # _____
(M.D., D.O)

Office Address _____ License # _____

Note to Providers: It is not the intent to needlessly hold a youngster out of competition. When it is determined by a physician (M.D., D.O.) that a skin condition is no longer contagious and presents no exposure risk to others, the physician may return the athlete to competition even though the treatment of the skin condition may continue on for several more days.

Do not sign a release for participation for any communicable skin disorder until the condition is no longer contagious. This may require an athlete to be re-examined by the care provider.

Non-contagious lesions do not require treatment prior to return to competition.

Note to Officials: Given that a lesion, identified as Non-Contagious by an MD or DO, remains consistent with the description/location information provided above, this form may be considered valid indefinitely (within current season). If at anytime during the season, body lesions appear to be inconsistent with the information/detail as it appears on this form, it shall be reasonable for a licensed wrestling official to request new or additional medical screening.

National Federation of State High School Associations Rule 4-2-3 states "If a participant is suspected by the referee 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 stating that the suspected disease or condition is not communicable and that the athlete's participation would not be harmful to his 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 physician is present and is able to examine the wrestler immediately after the weigh-in. **Covering a communicable condition shall not be considered acceptable and does not make the wrestler eligible to participate.** This document shall be furnished at the weigh-in or prior to competition in the dual meet or tournament."

Note: An on-site physician may overrule the diagnosis of the physician signing this form.

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.

continued on reverse

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), wrestler 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 or full five days of oral anti-viral treatment, again so long as no new lesions have developed and all 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 (Pink Eye): 24 hours of topical or oral medication and no discharge.

Molluscum Contagiosum: 24 hours after curettage.

Revised 9/08