

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, AT THE TIME OF WEIGH INS or the wrestler in question will not be allowed to compete.**

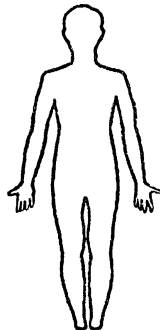
_____ from _____ High School has
Wrestler's Name (Print or Type) *High School Name (Print or Type)*

been examined by me for the following skin condition: _____

Common name of skin condition here

(Note: Wrestling coaches - the 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 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 COMMUNICABLE AT TIME OF EXAM, RETURN TO PARTICIPATION DATE: _____

A contestant may have documentation indicating a specific condition such as a birthmark or other non-communicable skin condition 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.

SKIN CONDITION REPORT EXPIRATION DATE: _____

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

(Suggested MINIMUM 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.**

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 scabbed 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.

Note: 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.
5. 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.

Note: 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.

Source: NFHS Sports Medicine Advisory Committee, April 2013; NCAA Committee on Competitive Safeguards and the Medical Aspects of Sport, July 2013. 0913