

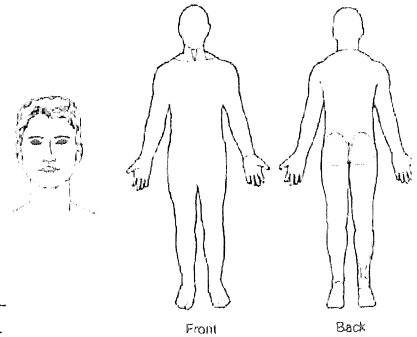
**MEDICAL RELEASE FOR WRESTLER TO PARTICIPATE WITH SKIN LESION**

Name: \_\_\_\_\_

Date of Exam: \_\_\_ / \_\_\_ / \_\_\_

**Mark Location AND Number of Lesion(s)**

Has lesion been cultured YES: \_\_\_\_\_ NO \_\_\_\_\_  
If YES indicate diagnosis \_\_\_\_\_  
Location AND Number of Lesion(s) \_\_\_\_\_  
Medication(s) used to treat lesion(s): \_\_\_\_\_  
Date Treatment Started: \_\_\_ / \_\_\_ / \_\_\_  
Form Expiration Date: \_\_\_ / \_\_\_ / \_\_\_  
Earliest Date may return to participation: \_\_\_ / \_\_\_ / \_\_\_  
Provider Signature \_\_\_\_\_ Office Phone #: \_\_\_\_\_  
Provider Name (Must be legible) \_\_\_\_\_  
Office Address \_\_\_\_\_



**Note to licensed MD, DO, PA, APN:** 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, 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 a licensed MD, DO, PA, APN 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 a licensed MD, DO, PA, APN 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 licensed MD, DO, PA, APN is present, he/she may overrule the diagnosis of the licensed MD, DO, PA, APN 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 a licensed MD, DO, PA, APN 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."

**PAGE 1 of 2**

**\*\*\*Please print form "back-to back" prior to distribution.\*\*\***

**Below are some required treatments 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, MRSA (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.

DATE OF TREATMENT \_\_\_\_\_ PHYSICIAN'S  
INITIALS \_\_\_\_\_

•**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 or five full days of oral anti-viral treatment, again so long as no new lesions have developed and all lesions are scabbed over.

DATE OF TREATMENT \_\_\_\_\_ PHYSICIAN'S  
INITIALS \_\_\_\_\_

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

DATE OF TREATMENT \_\_\_\_\_ PHYSICIAN'S  
INITIALS \_\_\_\_\_

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

DATE OF TREATMENT \_\_\_\_\_ PHYSICIAN'S  
INITIALS \_\_\_\_\_

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

DATE OF TREATMENT \_\_\_\_\_ PHYSICIAN'S  
INITIALS \_\_\_\_\_

•**Molluscum:** 24 hours after curettage

DATE OF TREATMENT \_\_\_\_\_ PHYSICIAN'S  
INITIALS \_\_\_\_\_

**NJSIAA REGULATION: ANY WRESTLER JUDGED NOT FIT TO WRESTLE MUST PRESENT THIS FORM AT THE DESIGNATED WEIGH IN TIME (Rule 4.2.3). THIS FORM MUST BE SIGNED BY A LICENSED MD, DO, PA, APN, THAT AN EXAM TOOK PLACE PERTAINING TO THAT CONDITION WITHIN THE LAST SEVEN (7) DAYS CLEARING THAT WRESTLER FOR COMPETITION. THIS FORM MUST BE COMPLETED IN ITS ENTIRETY. FORMS NOT COMPLETED AND SUBMITTED AS PER NJSIAA REGULATIONS WILL BE DEEMED INVALID. EVEN IF PRESENTED WITH A SKIN LESION FORM, THE ATHLETIC TRAINER UNDER THEIR SCOPE OF PRACTICE CAN DETERMINE IF THE LESION NEEDS FURTHER DIAGNOSIS AND MUST HOLD THE ATHLETE FROM COMPETITION UNTIL REEVALUATED BY A PHYSICIAN. THIS FORM MUST BE AN ORIGINAL. COPIES, FAXES, EMAILS, ETC. ARE NOT VALID.**