NFHS MEDICAL RELEASE FORM
FOR WRESTLER TO PARTICIPATE WITH SKIN LESION(S)

The National Federation of State High School State Associations’ (NFHS) Sports Medicine Advisory Committee has developed a medical release form for wrestlers to participate with skin lesion(s) as a suggested model you may consider adopting for your state. The NFHS Sports Medicine Advisory Committee (SMAC) conducted a survey among specialty, academic, public health and primary care physicians and reviewed extensively the literature available on the communicability of various skin lesions at different stages of disease and treatment. No definitive data exists that allow us to absolutely predict when a lesion is no longer shedding organisms that could be transmitted to another wrestler. Another finding from the survey was the significant differences that exist among physicians relating to when they will permit a wrestler to return to participation after having a skin infection.

Neither NFHS nor the NFHS SMAC presumes to dictate to professionals how to practice medicine. Nor is the information on this form meant to establish a standard of care. The NFHS SMAC does feel, however, that the guidelines included on the form represent a summary consensus of the various responses obtained from the survey, from conversations and from the literature. The committee also feels that the components of the form are very relevant to addressing the concerns of coaches, parents, wrestlers and appropriate health-care professionals that led to the research into this subject and to the development of this form.

GOALS FOR ESTABLISHING A WIDELY USED FORM:
1. Protect wrestlers from exposure to communicable skin disorders. Although most of the skin lesions being discussed generally have no major long term consequences and are not life threatening, some do have morbidity associated with them and student-athletes should be protected from contracting skin disorders from other wrestlers or contaminated equipment such as mats.
2. Allow wrestlers to participate as soon as it is reasonably safe for them and for their opponents and/or teammates using the same mat.
3. Establish guidelines to help minimize major differences in management among appropriate health-care professionals who are signing “return to competition forms”. Consistent use of these guidelines should reduce the likelihood of wrestlers catching a skin disease from participation and suffering from inequalities as to who can or cannot participate.
4. Provide a basis to support appropriate health-care professional decisions on when a wrestler can or cannot participate. This should help the appropriate health-care professional who may face incredible pressure from many fronts to return a younger to competition ASAP. This can involve any student athlete who never wins a match or the next state champion with a scholarship pending.

IMPORTANT COMPONENTS FOR AN EFFECTIVE FORM:
1. Each state association needs to determine which appropriate health-care professional can sign off on this form.
2. Inclusion of the applicable NFHS wrestling rule so appropriate health-care professionals will understand that covering a contagious lesion is not an option that is allowed by rule. Covering a non-contagious lesion after adequate therapy to prevent injury to lesion is acceptable.
3. Inclusion of the date and nature of treatment and the earliest date a wrestler can return to participation. This should mitigate the need for a family to incur the expense of additional office visits as occurs when a form must be signed within three days of wrestling as some do.
4. Inclusion of a “bodygram” with front and back views should clearly identify the lesion in question. Using non-black ink to designate skin lesions should result in less confusion or conflict. Also including the number of lesions protects against spread after a visit with an appropriate health-care professional.
5. Inclusion of guidelines for minimum treatment before returning the wrestler to action as discussed above. This should enhance the likelihood that all wrestlers are managed safely and fairly.
6. Inclusion of all of the components discussed has the potential to remove the referee from making a medical decision. If a lesion is questioned, the referee’s role could appropriately be only to see if the coach can provide a fully completed medical release form allowing the wrestler to wrestle.

This form may be reproduced, if desired, and can be edited in anyway for use by various individuals or organizations. In addition, the NFHS SMAC would welcome comments for inclusion in future versions as this will continue to be a work in progress.

Revised/Approved by NFHS SMAC - April 2015
MEDICAL RELEASE FOR WRESTLER TO PARTICIPATE WITH SKIN LESION

Name: ___________________________ Date of Exam: ___ / ___ / ___

Diagnosis: ___________________________

Location AND Number of Lesion(s): ___________________________

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

Date Treatment Started: ___ / ___ / ___ Time: _______________

Form Expiration Date for this Lesson (Note on Diagram(s)): ___ / ___ / ___

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

Provider Signature: ___________________________ Office Phone #: ______

Provider Name (Must Be Legible): ___________________________

Office Address: ___________________________

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 covered over with no oozing or discharge and no new lesions should have occurred in the preceding 48 hours. Oral antibiotics for three days is considered a minimum to achieve this status. If new lesions continue to develop or drain after 72 hours, MRSA (Methicillin Resistant Staphylococcus Aureus) should be considered.

Herpetic Lesions (Simplex, fever blisters/cold sores, Zoster, Gladiolus): To be considered “non-contagious,” all lesions must be covered over with no oozing or discharge and no new lesions should have occurred in the preceding 48 hours. For primary first episode of Herpes Gladiolus, 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, 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 covered 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.

Staphy, 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 curette and hyfrecator, may cover with bandage and wrestle immediately.

Note to Appropriate Health-Care Professionals: Non-contagious lesions do not require treatment prior to return to participation (e.g. eczema, psoriasis, etc.). Please familiarize yourself 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 questionable, the coach shall provide written documentation as defined by the NFHS or the states association, from an appropriate health-care professional stating that the suspected disease or condition is communicable and that the athlete’s participation would not be harmful to my opponent. This document shall be submitted at the weigh-in for the dual meet or tournament. The only exception would be if a designated on-site or most appropriate health-care professional at present and is able to examine the wrestler either immediately prior to or immediately after the weigh-in. Control of a communicable condition shall not be considered acceptable and does not make the wrestler eligible to participate.”

“ART. 4 . . . If a designated on-site or most appropriate health-care professional is present, he/she may override 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 consensus may have documentation from an appropriate health-care professional only concerning a specific condition such as a burn, rash, or other non-communicable condition continues such as poison ivy and eczema, 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.

DISCLAIMER: The National Federation of State High School Associations (NFHS) shall not be liable or responsible, in any way, for any diagnosis or other evaluation made herein, or examine position in connection therewith, by the above named parties, or the any subsequent action taken, in whole or in part, in reliance upon the accuracy or reliability of the information provided herein.

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