

WRESTLING COMMUNICABLE SKIN DISEASE FORM-2024-2025 Season
NYS HEALTH CARE PROVIDER RELEASE FOR WRESTLER TO PARTICIPATE WITH SKIN LESION



Any student diagnosed with a contagious skin infection must report to the school health office prior to resuming participation. A copy of this form must be provided to the school nurse/medical director upon return to school and filed in the student's cumulative health record.

Name: (Printed) _____

Date of Exam: ____ / ____ / ____

School: _____

Mark Location AND Number of Lesion(s)

Diagnosis _____

Please use Blue Ink

Location AND Number of Lesion(s) _____

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

Date Treatment Started: ____ / ____ / ____ Time: _____

Note: By signing below, the NYS Health Care Provider is stating that the diagnosed lesion(s) is either:

Please make sure one of the two lines below is checked.

____ NOT contagious and may return to full participation.

____ NO LONGER contagious and may return to full participation.

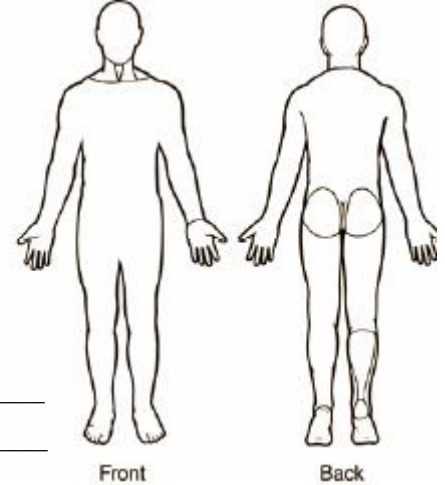
NYS Health Care Provider Signature _____ Date: _____

NYS Health Care Provider Name (Printed or Typed) _____

Office Address _____

Office Phone Number: _____

For NYS PHSAA member schools an appropriate health care provider is defined as a NYS licensed physician, physician assistant, or nurse practitioner.



Note to Physician, Physician Assistant, Nurse Practitioner: 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 an appropriate health-care professional 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 appropriate health-care professional 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 on-site meet appropriate health-care professional is present, he/she may overrule 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 contestant may have documentation from an appropriate health-care professional 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.”

Once a lesion is non- contagious, it may be covered to allow participation.

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 **72 hours** 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.

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 72 hours. For a 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 **before return to wrestling** 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 scabbed over.

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

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

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

Molluscum Contagiosum: Upon treatment with curettage and hyfrecator, may cover with bioclusive and wrestle immediately.

**** MUST HAVE DR.'S STAMP ****

Updated 2024