



WRESTLING
COMMUNICABLE SKIN INFECTION

PERMISSION TO COMPETE IN THE SPORT OF
HIGH SCHOOL WRESTLING

TO: Physician or Dermatologist or Nurse Practitioner (Please use ink when completing form)

Please describe skin condition(s) of: _____
Please answer all questions on this form. (name of wrestler)

1. Describe the specific location of the suspected skin condition (example: left forearm, close to thumb joint, etc.) _____
2. Describe the approximate size and color of the above condition (example: it is about the size of a nickel, red in color; it is about two inches in diameter, blotchy red) _____
3. Technical name of skin condition: _____
4. Do you believe this skin condition is contagious or poses a danger to others?
Circle One: Yes No
(Note: If "Yes", the participant is ineligible to wrestle until you give clearance.)
5. If you answered "No" to question 4., can the wrestler compete without having the skin condition covered?
Circle One: Yes No
(Note: For eligibility, any existing contagious skin conditions may not be covered.)
6. If contagious, when will it be safe for him to continue wrestling?
Please list a calendar date _____

Print doctor's name _____ Today's date _____

Doctor's specialty area _____

Doctor's address _____

Doctor's phone _____

Doctor's signature _____

PHYSICIAN'S NOTE: If a participant is suspected of having a contagious communicable skin disease or any other condition that makes participation appear inadvisable, his coach must provide written documentation from a physician or nurse practitioner 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 or upon arrival at the site of the dual meet or tournament.