IHSA Skin Condition Evaluation & Authorization to Compete in High School Wrestling

National Federation Wrestling Rules:

"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."

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

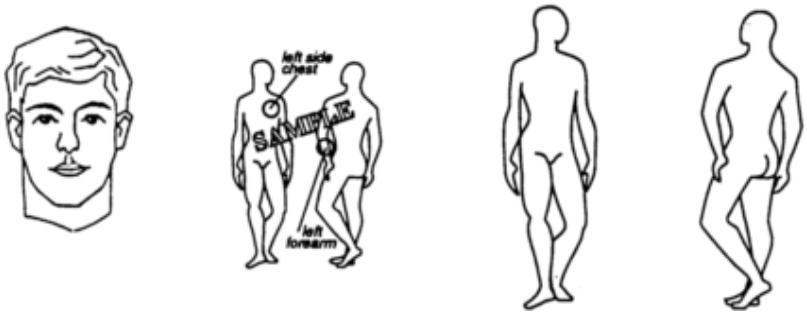
NOTE: On the day of a meet, the following may review a wrestler's condition: M.D., D.O., P.A., APRN, and ATC's.

In the absence of one of the previously mentioned people, the referee has the final decision concerning the wrestler's participation.

The following form is for the wrestler: _____

(Name of wrestler)

1) Indicate the specific location of the suspected skin condition on the figures below.



2) Describe the approximate size and color of the condition. *(Example: it is about the size of a nickel, red in color, etc.)*

_____

_____

3) Check one: _____ This wrestler's skin condition is contagious. **He/she MAY NOT PARTICIPATE.**

_____ This wrestler's skin condition is not contagious. **He/she MAY PARTICIPATE.**

4) If this is a birthmark, non-communicable skin condition, i.e. psoriasis or eczema, check ☐ Yes **(Valid for the year)**

Note to schools: Medical authorization to compete expires 14 calendar days from the date of the examination.

Healthcare Professional assumes all responsibility for this decision. I am a/an: **M.D.** **D.O.** **Physician's Assistant** **Nurse Practitioner**

Print Healthcare Professional's name: _____

Healthcare Professional's signature: _____

Healthcare Professional's phone number: _____

Examination date: _____

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