NYSPHSAA NYS HEALTH CARE PROVIDER RELEASE WRESTLER TO PARTICIPATE WITH SKIN LESION(S)

The National Federation of State High School State Associations' (NFHS) Sports Medicine Advisory Committee has developed a physician 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. 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 the 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 **believes** that the components of the form are very relevant to addressing the concerns of coaches, parents, wrestlers and physicians that lead 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 physicians, physician's assistants, and nurse practitioners who are signing "return to competition forms". Consistent use of these guidelines should reduce the likelihood wrestlers catching a skin disease from participation and suffering from inequalities as to who can or cannot participate.

4. Provide a basis to support physician, physician assistant, or nurse practitioner decisions on when a wrestler can or cannot participate. This should help the physician, physician assistant, or nurse practitioner who may face incredible pressure from many fronts to return a youngster to competition ASAP. This can involve a 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. **For NYSPHSAA member schools an appropriate health care provider is defined as a licensed physician, physician assistant, or nurse practitioner.**

2. Inclusion of the applicable NFHS wrestling rule so physicians, physician assistants, and nurse practitioners 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 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 physician, physician assistant, or nurse practitioner visit.

4. 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.

5. 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.

WRESTLING COMMUNICABLESKINDISEASE FORM 2026-2027 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)

Please use Blue Ink

Diagnosis _____

_____

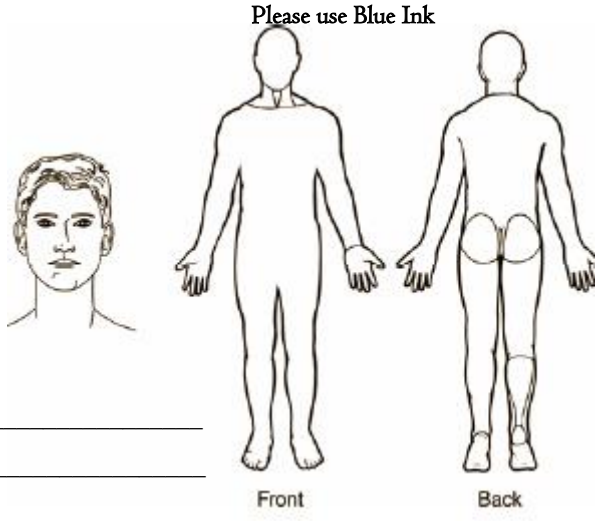
Location AND Number of Lesion(s) _____

_____

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 NYSPHSAA 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.