

COOPERATION IS THE THEME
OPERATION IS THE TOOL AND
DEVELOPMENT OF YOUNG PEOPLE
IS THE GOAL

Pennsylvania Junior Wrestling Medical Release Form for Wrestler to Participate with Skin Lesion(s)

This form must be processed listing the name, birth date, and school of a wrestler competing in any PJW tournament after being diagnosed as having a skin lesion or is suspected of having a communicable skin disease or any other condition that makes participation appear inadvisable. The PIAA or the NFHS forms may also be used.

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

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 who are signing "return to competition forms". Consistent use of these guidelines should protect wrestlers from catching a skin disease from participation and should protect them from inequalities as to who can or cannot participate.
4. Provide a basis to support physician decisions on when a wrestler can or cannot participate. This should help the physician who may face incredible pressure from many fronts to return a youngster 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. Inclusion of the applicable NFHS Wrestling Rules so physicians 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.
2. Inclusion of the date and nature of treatment and the earliest date a wrestler can return to participation. This should minimize 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.
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 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 that wrestler to wrestle.

Pennsylvania Junior Wrestling
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 Lesion (Note on Diagram(s)): ____ / ____ / ____

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

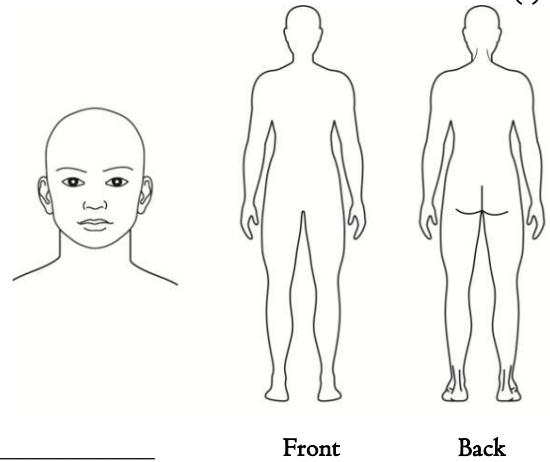
Provider Signature _____

Office Phone #: _____

Provider Name (Must Be Legible) _____

Office Address _____

Mark Location AND Number of Lesion(s)



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 three days is considered a minimum to achieve that 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, 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 48 hours. For primary (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 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 for 14 days on scalp.

Scabies, 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 curettage and hyfrecator, may cover with bioocclusive 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 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 considered non-contagious, it may be covered to allow participation.

DISCLAIMER: Pennsylvania Junior Wrestling (PJW) shall not be liable or responsible, in any way, for any diagnosis or other evaluation made herein, or exam performed in connection therewith, by the above named provider, or for any subsequent action taken, in whole or part, in reliance upon the accuracy or veracity of the information provided herein.