



# IHSA SKIN CONDITION EVALUATION AND AUTHORIZATION TO COMPETE IN HIGH SCHOOL WRESTLING

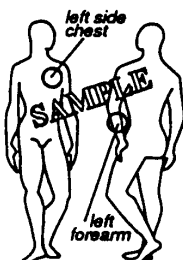
## TO PHYSICIAN: National Federation Wrestling Rules state:

If a participant is suspected by the referee of having a communicable skin disease or any other condition that makes participation appear inadvisable, his coach shall provide written documentation from a physician 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 prior to competition in the dual meet or tournament. COVERING A COMMUNICABLE CONDITION SHALL NOT BE CONSIDERED ACCEPTABLE AND DOES NOT MAKE THE WRESTLER ELIGIBLE TO PARTICIPATE.

**This form must be presented prior to the starting time of the dual meet or tournament.**

This form is for the following 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. Do you believe this skin condition is currently contagious? Circle one: Yes No

4. If currently contagious when will it no longer be communicable?  
Please list calendar date: \_\_\_\_\_

5. Please give your diagnosis: \_\_\_\_\_

**Note to schools: Medical authorizations to compete, expire 14 calendar days from the date of the examination.**

**Physician certified that this wrestler is not contagious and assumes all responsibility for this decision.**

Print Physician's name: \_\_\_\_\_

Physician's signature: \_\_\_\_\_

Examination date: \_\_\_\_\_

