



KENTUCKY HIGH SCHOOL ATHLETIC ASSOCIATION
This is the only form a referee will accept as "current written documentation" that a skin condition is not communicable and may be superseded by an on-site Physician.

KHSAA Form WR111
Rev. 6/16

WRESTLING SKIN CONDITION

COPY AND RETAIN THIS ORIGINAL FORM FOR FUTURE USE.

Wrestler's Name (Print or Type) from : Date of Exam / /
High School Name (Print or Type)

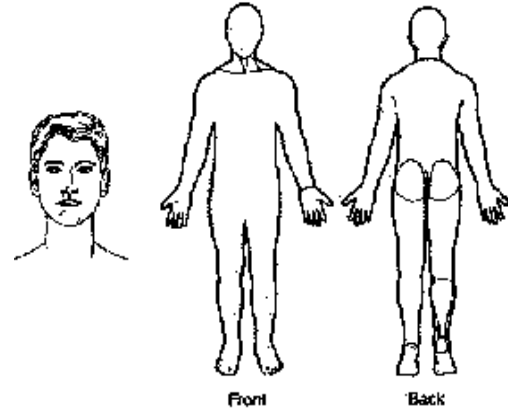
has been examined by me due to a skin condition.

Diagnosis

Location of Lesion(s)

Medication(s) used to treat lesion(s):

Date Treatment Started: / /



Provider Signature (M.D. or D.O.)

Office Phone #:

Office Address

Note to Providers: 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 and 4-2-4 and 4-2-5. Then designate which rule this condition falls under by checking the appropriate box.

- 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...
ART. 4... If a designated on-site meet appropriate health care provider 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.

This Form Expires Seven Days from the Date Listed Above as Indicating Provider Examination

- 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.

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.

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.

Tinea lesions (ringworm scalp, 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 PROVIDERS, COACHES, ATHLETES AND OFFICIALS:

For the purpose of this rule, the onsite health care professional will generally include an MD (Medical Doctor), DO (Doctor of Osteopathy), PA (Physician's Assistant), ARNP (Advanced Registered Nurse Practitioner), ATC (Certified Athletic Trainer); or LAT (Licensed Athletic Trainer). All are reminded that if a designated on-site meet appropriate health care provider 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.

NOTE TO PROVIDERS: If your examination yields a finding that the wrestler has a contagious skin condition within these rules, no covering of such condition will allow the athlete to wrestle.