



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

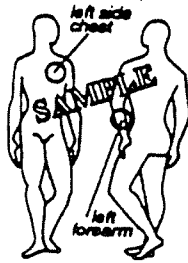
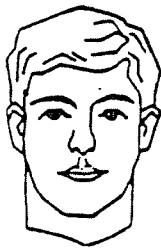
## TO PHYSICIAN: National Federation Wrestling Rules state:

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 is for the following wrestler: \_\_\_\_\_

(name of wrestler)

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



2. Describe  
( 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.

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

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

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

