

New England Prep School Athletic Council
Sports Medicine Advisory Committee
MEDICAL RELEASE FOR WRESTLER TO PARTICIPATE WITH SKIN LESION

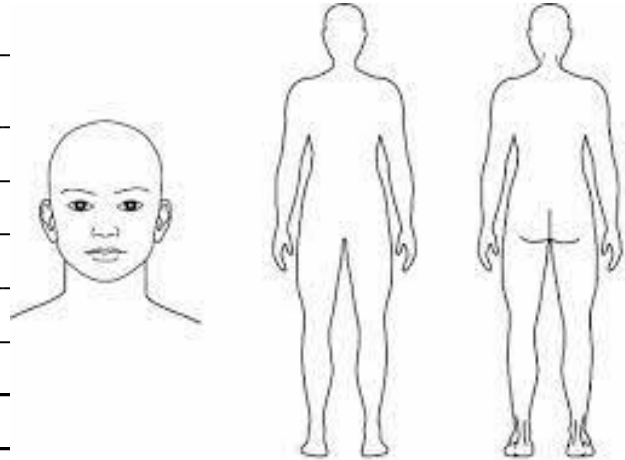
Name: _____ Date of Exam: ____ / ____ / ____

School: _____ Examiner and Credentials: _____

Diagnosis: _____

Location & number of Lesion(s): _____

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



Date Treatment Started: ____ / ____ / ____

Earliest Date may return to participation: ____ / ____ / ____ Form Expiration Date: ____ / ____ / ____

Provider Signature (NP, MD, DO, PA): _____

Provider must be able to diagnose, treat AND prescribe for condition. NP, MD, DO, PA are acceptable.

Provider Name (must be legible): _____ Date: ____ / ____ / ____

Office Phone #: _____ Office Address: _____

Below are some treatment guidelines that suggest MINIMUM TREATMENT before returning to wrestling:

Bacterial Diseases (impetigo, boils): To be considered "non-contagious" all lesions must be scabbed over with no oozing or discharge & no new lesions should have occurred in the preceding 48 hours. Oral antibiotic treatment for three days is considered minimum to achieve that status. If new lesions continue to develop or drain after 72 hours, MRSA, 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 & no new lesions should have occurred in the preceding 48 hours. For Primary (first episode of Herpes Gladiatorum), wrestlers should be treated & not allowed to compete for a minimum of 10 days. If general body signs such as fever & swollen lymph nodes are present, that minimum treatment period should be extended to 14 days. Recurrent outbreaks require a minimum of 120 hours or five full days of oral anti-viral treatment, again so long as no new lesions have developed, & all lesions are scabbed over.

Tinea Lesions (ringworm on scalp or skin): Oral or topical treatment for 72 hours on skin & 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 & no discharge.

Molluscum Contagiosum: Upon treatment with curettage & hyfrecator, cover with bio-occlusive & may wrestle immediately. Once a lesion is considered non-contagious it may be covered to allow for participation.

Note to Appropriate Health-Care Professionals: Non-contagious lesions do not require treatment prior to return to participation (e.g., eczema, psoriasis, etc.) "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." Refer to ART.5.

DISCLAIMER: The New England Prep School Athletic Council (NEPSAC) & the Sports Medicine Advisory Committee (SMAC) 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 provider named above, or for any subsequent action taken, in whole or part, in reliance upon the accuracy of the information provided herein