

MN/USA Wrestling Skin Infection Form

PHYSICIAN RELEASE FOR WRESTLER TO PARTICIPATE WITH SKIN LESION

Name: _____

Date of Exam: ___ / ___ / ___

Diagnosis _____

Mark Location AND Number of Lesion(s)

Location AND Number of Lesion(s) _____

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

Date Treatment Started: ___ / ___ / ___

Form Expiration Date: ___ / ___ / ___

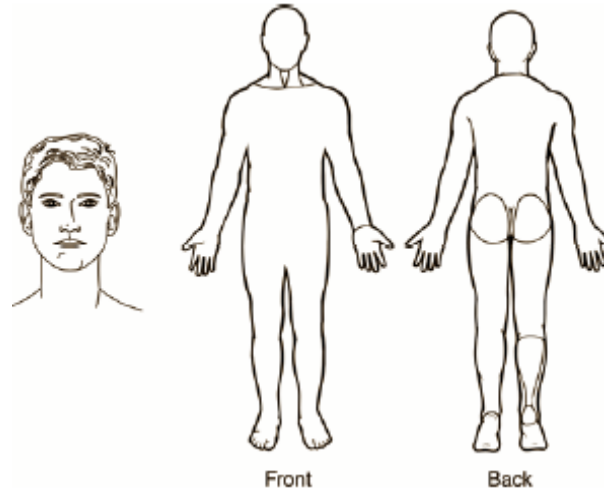
Earliest Date may return to participation: ___ / ___ / ___

Provider Signature _____ Office Phone #: _____

Physician Name (Printed or Typed) _____

(M.D. or D.O.)

Office Address _____



Due to continual changes in these infections, the Medical Officer or Tournament Physician at the event can override this form.

Note to Providers: Non-contagious lesions do not require treatment prior to return to participation (e.g. eczema, psoriasis, etc.).

Once a lesion is not considered contagious, it may be covered to allow participation.

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, CA-MRSA (Community Associated Methicillin Resistant Staphylococcus Aureus) should be considered and minimum oral antibiotics should be extended to 10 days before returning the athlete to competition or until all lesions are scabbed over, whichever occurs last.

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 oral anti-viral medication with the athlete returning to competition on the 7th day of treatment, again so long as no new lesions have developed and all lesions are scabbed over.

Tinea Lesions (ringworm scalp, skin): Oral or topical treatment for 24 hours on skin and 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: Immediately after curettage.

Covering Skin Lesions:

Tinea Lesions: Should cover skin lesions with Tegaderm after 24 hours of treatment. Scalp lesions cannot be covered. Covering only serves to help reduce the spread of spores to other athletes.

Herpes Lesions: Not allowed.

Bacterial Lesions: After 72 hours of treatment, provided lesions are clearing, covering with Tegaderm is allowed. Covering CA-MRSA is not allowed.