



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

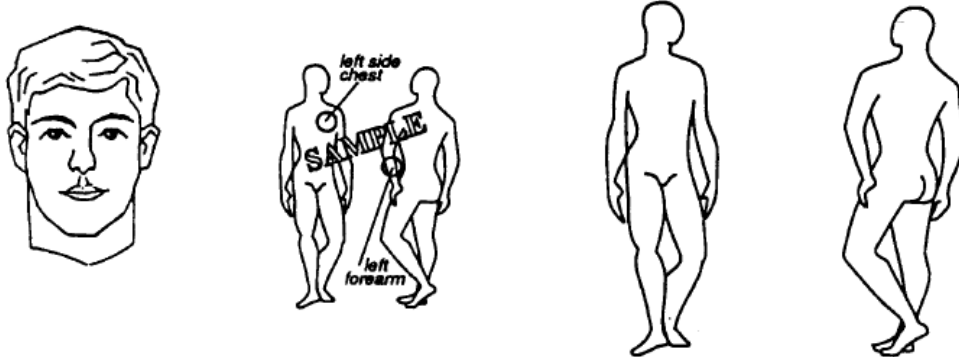
## TO PHYSICIAN: National Federation Wrestling Rules state:

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. COVERING A COMMUNICABLE CONDITION SHALL NOT BE CONSIDERED ACCEPTABLE AND DOES NOT MAKE THE WRESTLER ELIGIBLE TO PARTICIPATE. **NOTE: By Federation Rule the official has the final decision.**

**This form must be presented at the time of the weigh-in.**

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

5. If this is a birthmark, non-communicable skin condition, i.e. psoriasis or eczema, check  Yes (**Valid for the year**)

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

Physician assumes all responsibility for this decision.

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

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

Physician's phone number: \_\_\_\_\_

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

