

IESA SKIN CONDITION EVALUATION AND **AUTHORIZATION TO COMPETE IN IESA WRESTLING**

National Federation Wrestling Rules state:

"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, the coach shall provide current written documentation as defined by the NFHS or the state associations, from an appropriate healthcare professional stating that the suspected disease or condition is not communicable and that the athlete's participation would not be harmful to any opponent. This document shall be furnished at the weigh-in for the dual meet or tournament. The only exception would be if a designated, on-site meet appropriate health-care professional is present and is able to examine the wrestler either immediately prior to or immediately after the weigh-in. Covering a communicable condition shall not be considered acceptable and does not make the wrestler eligible to participate."

"ART 4...If a designated on-site meet appropriate health-care professional is present, he/she may overrule the diagnosis of the appropriate healthcare professional signing the medical release form for a wrestler to participate or not participate with a particular skin condition."

Once a lesion is considered non-contagious, it may be covered to allow participation.

NOTE: On the day of a meet, the following may review a wrestler's condition: M.D., D.O., P.A., APRN, and ATC's.

In the absence of one of the previously-mentioned people, the referee has the	e final decision concer	ning	the wrestler's participation.
This form is for the following wrestler:			·
1. Indicate the specific location of the suspected skin condition on the figures below.	_		
left side chest left forearm		(
2. Describe the approximate size and color of the condition. (example: it is about the size of a nickel, red in color, etc.)			<i>\$</i> }
3. Check one:	OT PARTICIPATE.		
☐ This wrestler's skin condition is not contagious. He/she MAY	PARTICIPATE.		
4. If this is a birthmark, non-communicable skin condition, i.e. psoriasis or eczema, c	heck Yes (Valid f	or th	e year)
Note to schools: Medical authorization to compete expires 14 cale	endar days from the d	ate of	f the examination.
Healthcare Professional assumes all responsibility for this decision.			
Print Healthcare Professional's name:	_ I am a/an		M.D.
Healthcare Professional's signature:	_		D.O.
Healthcare Professional's phone number:	-		Physician's Assistant
Examination date:			Advanced Practice Nurse/ Nurse Practitioner