



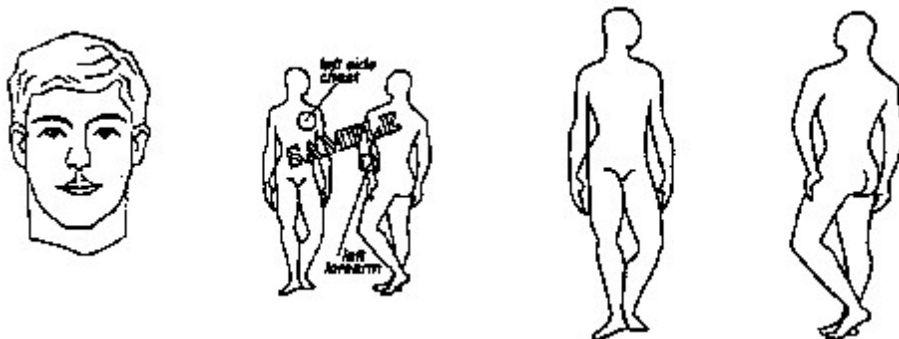
# SKIN CONDITION EVALUATION AND AUTHORIZATION TO COMPETE IN IESA WRESTLING

## 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. **NOTE: By National Federation rule, the official has the final decision.**

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: \_\_\_\_\_

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

**Note to schools: Medical authorizations to compete expire 14 calendar days from the date of examination.**

**If the answer to question #3 above is "No," physician is certifying that this wrestler is not contagious and assumes responsibility for this decision.**

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

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

Examination Date: \_\_\_\_\_

