MN/USA Wrestling WRESTLING SKIN CONDITION REPORT

Name:	/ Date of Exam://
Diagnosis:	
Front Back	Location AND Number of Lesions:
	Medication(s) used to treat:
	Date Treatment Started: /
	Earliest Date May return to participation: / /
	PLEASE NOTE THAT WHILE SOME MEDICATIONS AND TREATMENTS MAY BE CONSIDERED ACCEPTABLE IN THE GENERAL POPULATION, WE HAVE SPECIFIC STANDARDS FOR THE ABILITY TO PARTICIPATE IN WRESTLING. PLEASE SEE OUR MINIMUM TREATMENT GUIDELINES BELOW!!!!
Due to the continual changes in these infections, the Chief Medical Officer or Tournament Physician at the event has the final decision regarding wrestlers ability to participate.	
Bacterial Diseases (impetigo, boils): To be coozing or discharge and no new lesions should (72 hours) is considered a minimums, unless M	Ielines required before returning to wrestling: onsidered "non-contagious," all lesions must be scabbed over with no have occurred in the preceding 48 hours. Oral antibiotics for three days RSA (Methicillin-Resistant Staphylococcus aureus) is the cause, then 5 evelop or drain after 72 hours, MRSA should be considered.
lesions must be scabbed over with no oozing or hours. For primary (first episode of Herpes Gla- minimum of ten (10) days. If general body signs minimum period of treatment should be extended	d sores, Zoster, Gladiatorum): To be considered "non-contagious", all discharge and no new lesions should have occurred in the preceding 48 diatorum), wrestlers should be treated and not allowed to compete for a sand symptoms like fever and swollen lymph nodes are present, that do to 14 days. Recurrent outbreaks require a minimum of 120 hours or full to long as no new lesions have developed and all lesions are scabbed
Tinea Lesions (ringworm scalp, skin): Oral o	r topical treatment for 48 hours on all skin. Oral medication for 14 days on scalp.
Scabies, Head lice: 24 hours after appropriate	topical management.
Molluscum Contagiosum: May compete if trea	ated and covered (preferred method of treatment is curettage).
Once a lesion is not considered contagious, it m	nay be covered to allow participation.
Provider Name and Title:	
Facility Name:	Phone:
Provider Signature:	Date: