

SPORTS RELATED SKIN INFECTIONS

Name:		Date of Exam:		
Sport:		Mark Location AND Number of Lesion (s):		
Diagnosis:			Ω	Ω
Location and number of lesions:			$\left(\begin{array}{cc} & & \\ & & \\ \end{array} \right)$	
Medications used to treat:				
			(8/ 1/3)	(5/ +/6)
Date treatment started:				1 // /
Earliest date may return to participation:				
Provider Signature:				211 115
Provider Name:			Front	Back
Office Address:		Office Phone #:		
Football, Ice Hockey, Boys' Lacrosse, Wrestling (See Wrestling Skin Sheet)				
High Risk	 Ringworm, Tinea Corporis Must cover with prewrap, biocclusive and tape. If unable then nee 			
	 Cellulitis, Impetigo, Folliculitis, Carbuncle, Furuncle May return to competition after 72 hours of treatment (5 days for Madherent and have no signs of weeping fluid or material. Covering shows signs of resolving. Herpes, Cold Sores, Shingles If it involves areas of the skin that aren't naturally covered with equipment of the withdrawn from competition until properly treated and resolving recurrent outbreaks. May cover with Tegaderm, prewrap and tape 	with Tegaderm, prewrap and tape uipment, i.e., forearms, shins and g. Oral antiviral medication for 10	e only after 72 hours a hands, then outbreaks 1-14 days with primar	and when infection s require the player to
Medium Risk	Baseball, Girls' Lacrosse, Gymnastics, Softball, Soccer, Basketball, Spi	rit Squad, Volleyball		
	 Ringworm, Tinea Corporis No restrictions for competition provided the area can be covered with Tegaderm, prewrap and tape. If the area can't be covered, then the athlete may need to be removed from competition. In these situations, the athlete needs treatment with oral or topical antifungal medication for 72 hours before return to competition. 			
	 Cellulitis, Impetigo, Folliculitis, Carbuncle, Furuncle No restrictions for competition, provided the area can be covered with Tegaderm, prewrap and tape. If the area can't be covered, may return to competition after 72 hours of treatment (5 days for MRSA) provided the infection is resolving and not oozing. Scabs must be well adherent and have no signs of weeping fluid or material. Herpes, Cold Sores, Shingles Covering the outbreak with biocclusive (Tegaderm), prewrap and tape may help reduce risk of transmission. Areas that can't be covered and are in a region of potential contact should prompt the withdrawal of the athlete until the infection has resolved. Oral antiviral medication for 10-14 days with primary and 120 hrs with recurrent outbreaks. 			
	Molluscum Contagiosum, Warts – No restrictions.			
Low Risk	Tennis, Cross Country, Skiing (Downhill/XC), Swimming & Diving, G	olf, Riflery, Track & Field		
	 Ringworm, Tinea Corporis No restrictions are necessary in these sports. 			
	 Cellulitis, Impetigo, Folliculitis, Carbuncle, Furuncle Bacterial infections can be transmitted via fomites, i.e., inanimate objects like balls, batons and mats. No restrictions for competition, provided the area can be covered with Tegaderm, prewrap and tape. If the area can't be covered, may return to competition after 72 hours of treatment (5 days for MRSA) provided the infection is resolving and not oozing. Scabs must be well adherent and have no signs of weeping fluid or material. Herpes, Cold Sores, Shingles 			
	 No restrictions are necessary in these sports. Molluscum Contagiosum, Warts—No restrictions. 			