

NFHS PHYSICIAN RELEASE FOR PARTICIPATION WITH SKIN LESIONS

The National Federation of State High School State Associations' (NFHS) Sports Medicine Advisory Committee has developed a physician release form to participate with skin lesion(s) as a suggested model you may consider adopting for your state. The NFHS Sports Medicine Advisory Committee conducted a survey among specialty, academic, public health and primary care physicians and reviewed extensively the literature available on the communicability of various skin lesions at different stages of disease and treatment. No definitive data exists that allow us to absolutely predict when a lesion is no longer shedding organisms that could be transmitted to another. Another finding from the survey was the significant differences that exist among physicians relating to when they will permit a athlete to return to participation after having a skin infection.

Neither the NFHS nor the NFHS Sports Medicine Advisory Committee presumes to dictate to professionals how to practice medicine. Neither is the information on this form meant to establish a standard of care. The NFHS Sports Medicine Advisory Committee does feel, however, that the guidelines included on the form represent a summary consensus of the various responses obtained from the survey, from conversations and from the literature. The committee also feels that the components of the form are very relevant to addressing the concerns of coaches, parents, athletes and physicians that lead to the research into this subject and to the development of this form.

GOALS FOR ESTABLISHING A WIDELY USED FORM:

1. Protect athletes from exposure to communicable skin disorders. Although most of the skin lesions being discussed generally have no major long term consequences and are not life threatening, some do have morbidity associated with them and student-athletes should be protected from contracting skin disorders from other athletes or contaminated equipment such as mats.
2. Allow athletes to participate as soon as it is reasonably safe for them and for their opponents and/or teammates using the same mat.
3. Establish guidelines to help minimize major differences in management among physicians who are signing "return to competition forms". Consistent use of these guidelines should protect athletes from catching a skin disease from participation and should protect them from inequalities as to who can or cannot participate.
4. Provide a basis to support physician decisions on when a athlete can or cannot participate. This should help the physician who may face incredible pressure from many fronts to return a youngster to competition ASAP. This can involve "Joe Blow who never wins a match" or the next state champion with a scholarship pending.

IMPORTANT COMPONENTS FOR AN EFFECTIVE FORM:

1. Inclusion of the applicable NFHS rule so physicians will understand that covering a contagious lesion is not an option that is allowed by rule. Covering a non-contagious lesion after adequate therapy to prevent injury to lesion is acceptable.
2. Inclusion of the date and nature of treatment and the earliest date a athlete can return to participation. This should minimize the need for a family to incur the expense of additional office visits as occurs when a form must be signed within three days of participating as some do.
3. Inclusion of a "bodygram" with front and back views should clearly identify the lesion in question. Using non-black ink to designate skin lesions should result in less confusion or conflict. Also including the number of lesions protects against spread after physician visit.
4. Inclusion of guidelines for minimum treatment before returning the athlete to action as discussed above. This should enhance the likelihood that all athletes are managed safely and fairly.
5. Inclusion of all of the components discussed has the potential to remove the referee from making a medical decision. If a lesion is questioned, the referee's role could appropriately be only to see if the coach can provide a fully completed medical release form allowing the athlete to wrestle.

This form may be reproduced, if desired and can be edited in anyway for use by various individuals or organizations. In addition, the NFHS Sports Medicine Advisory Committee would welcome comments for inclusion in future versions as this will continue to be a work in progress.

**National Federation of State High School Associations
Sports Medicine Advisory Committee**

PHYSICIAN RELEASE TO PARTICIPATE WITH SKIN LESIONS

Name: _____

Date of Exam: ___ / ___ / ___

Diagnosis _____

Mark Location AND Number of Lesion(s)

Location AND Number of Lesion(s) _____

Medication(s) used to treat lesion(s): _____

Date Treatment Started: ___ / ___ / ___

Form Expiration Date: ___ / ___ / ___

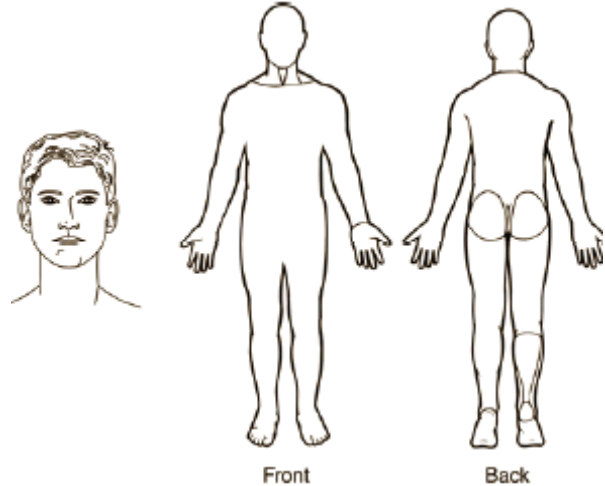
Earliest Date may return to participation: ___ / ___ / ___

Provider Signature _____ Office Phone #: _____

Physician Name (Printed or Typed) _____

(M.D. or D.O.)

Office Address _____



Note to Providers: Non-contagious lesions do not require treatment prior to return to participation (e.g. eczema, psoriasis, etc.).

**The NCHSAA recognizes that infectious skin lesions typically do not prevent a student-athlete from participation in non-contact sports. However, any medical recommendations specific to an individual case should be followed. In the presence of any infectious or possibly infectious skin lesions, covering these lesions may reduce the risk of indirect transmission. In addition, universal precautions should be strictly followed: avoid sharing personal gear, towels, or clothing, and avoid any skin-to-skin contact (including not shaking hands).

Below are some treatment guidelines that suggest **MINIMUM TREATMENT** before return to play:

Bacterial Diseases (impetigo, boils): To be considered “non-contagious,” all lesions must be scabbed over with no oozing or discharge and no new lesions should have occurred in the preceding 48 hours. Oral antibiotic for three days is considered a minimum to achieve that status. If new lesions continue to develop or drain after 72 hours, CA-MRSA (Community Associated Methicillin Resistant Staphylococcus Aureus) should be considered and minimum oral antibiotics should be extended to 10 days before returning the athlete to competition or until all lesions are scabbed over, whichever occurs last.

Herpetic Lesions (Simplex, fever blisters/cold sores, Zoster, Gladiatorum): To be considered “non-contagious,” all lesions must be scabbed over with no oozing or discharge and no new lesions should have occurred in the preceding 48 hours. For primary (first episode of Herpes Gladiatorum), athletes should be treated and not allowed to compete for a minimum of 10 days. If general body signs and symptoms like fever and swollen lymph nodes are present, that minimum period of treatment should be extended to 14 days. Recurrent outbreaks require a minimum of 120 hours or full five days of oral anti-viral treatment, again so long as no new lesions have developed and all lesions are scabbed over.

Tinea Lesions (ringworm scalp, skin): Oral or topical treatment for 72 hours on skin and 14 days on scalp.

Scabies, Head Lice: 24 hours after appropriate topical management.

Conjunctivitis (Pink Eye): 24 hours of topical or oral medication and no discharge.

Molluscum Contagiosum: 24 hours after curettage.