

NFHS MEDICAL RELEASE FORM FOR PARTICIPATION WITH SKIN LESION(S)

The National Federation of State High School State Associations' (NFHS) Sports Medicine Advisory Committee has developed a medical release form for participation with skin lesion(s) as a suggested model you may consider adopting for your state. The NFHS Sports Medicine Advisory Committee (SMAC) 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 participant. Another finding from the survey was the significant differences that exist among physicians relating to when they will permit a participant to return to participation after having a skin infection.

Neither the NFHS nor the NFHS SMAC presumes to dictate to professionals how to practice medicine. Nor is the information on this form meant to establish a standard of care. The NFHS SMAC 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 believes that the components of the form are very relevant to addressing the concerns of coaches, parents, participant and appropriate health-care professionals that led to the research into this subject and to the development of this form.

GOALS FOR ESTABLISHING A WIDELY USED FORM:

1. Protect participants 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 participants or contaminated equipment such as mats.
2. Allow participation 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 appropriate health-care professionals who are signing "return to competition forms". Consistent use of these guidelines should reduce the likelihood of participants catching a skin disease from participation and suffering from inequalities as to who can or cannot participate.
4. Provide a basis to support appropriate health-care professional decisions on when a participant can or cannot participate. This should help the appropriate health-care professional who may face incredible pressure from many fronts to return a youngster to competition ASAP. This can involve any student athlete who never wins a match or the next state champion with a scholarship pending.

IMPORTANT COMPONENTS FOR AN EFFECTIVE FORM:

1. The NCHSAA has authorized a Licensed Physician (MD / DO), Licensed Physician Assistant, or Licensed Nurse Practitioner to sign off on this form.
2. Inclusion of the applicable NFHS participation rule so appropriate health-care professionals 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.
3. Inclusion of the date and nature of treatment and the earliest date a participant can return to participation. This should mitigate 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 wrestling as some do.
4. 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 a visit with an appropriate health-care professional.
5. Inclusion of guidelines for minimum treatment before returning the participant to action as discussed above. This should enhance the likelihood that all participants are managed safely and fairly.

National Federation of State High School Associations
Sports Medicine Advisory Committee (SMAC)

MEDICAL RELEASE TO PARTICIPATE WITH SKIN LESION(S)

Name (Printed or Typed): _____ 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: ____ / ____ / ____ Time: _____

Form Expiration Date for this Lesion (Note on Diagram(s)): ____ / ____ / ____

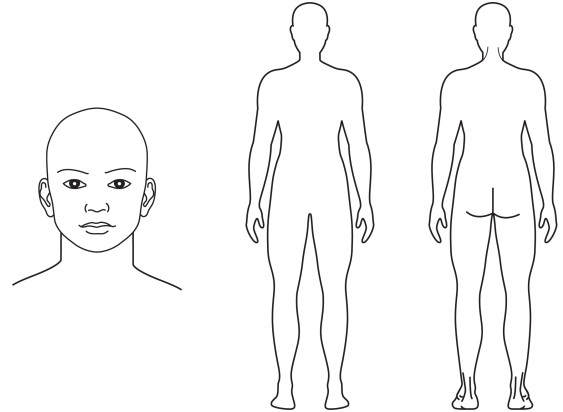
Earliest Date Eligible to Return to Participation: ____ / ____ / ____

Provider Signature: _____ Office Phone #: _____

Licensed Physician (MD / DO), Licensed Physician Assistant, Licensed Nurse Practitioner, (Please Circle)

Provider Name (Printed or Typed): _____

Office Address: _____



FRONT

BACK

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 participation:

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 72 hours is considered a minimum to achieve that status. If new lesions continue to develop or drain after 72 hours, MRSA (Methicillin Resistant Staphylococcus Aureus) should be considered.

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 72 hours. For a first episode of Herpes Gladiatorum, participants 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 before return to wrestling should be extended to 14 days. Recurrent outbreaks require a minimum of 120 hours of oral anti-viral treatment, again so long as no new lesions have developed, and all lesions are scabbed over.

Tinea Lesions (ringworm on scalp or skin): Oral or topical treatment for 72 hours on skin and oral treatment for 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: Upon treatment with curettage and hyfrecator, may cover with bioocclusive and participate immediately.

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

DISCLAIMER: The National Federation of State High School Associations (NFHS) shall not be liable or responsible, in any way, for any diagnosis or other evaluation made herein, or exam performed in connection therewith, by the above named provider, or for any subsequent action taken, in whole or part, in reliance upon the accuracy or veracity of the information provided herein.

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