

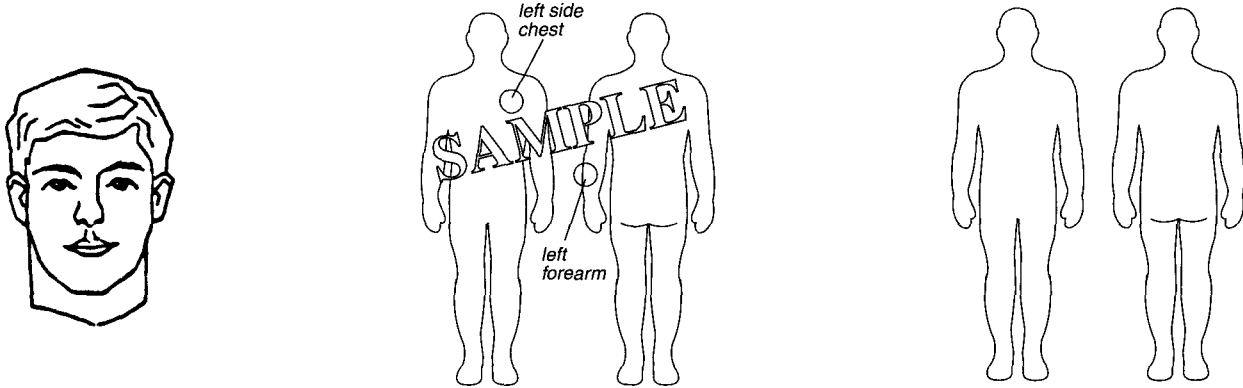
**PENNSYLVANIA INTERSCHOLASTIC ATHLETIC ASSOCIATION, INC. (PIAA)  
COMMUNICABLE SKIN DISEASE FORM**

(Revised July 1, 2002)

ALL MEMBER SCHOOLS are required to process the **PIAA Communicable Skin Disease Form** listing the name, grade, and school of any wrestler that desires to return to competition after having been diagnosed as having a communicable skin disease or is suspected of having a communicable skin disease or any other condition that makes participation appear inadvisable.

Please describe skin condition of \_\_\_\_\_, enrolled in grade \_\_\_\_\_, and a  
(Name of Wrestler)  
student of \_\_\_\_\_ School.

1. Indicate the specific location(s) of the suspected skin condition on the figures below and describe its location(s).  
(Examples: behind right ear; left hand between thumb and index finger.)



2. Describe the approximate size and color of the above condition. (Examples: about the size of a nickel, red in color; about two inches in diameter, blotchy red.)

\_\_\_\_\_

\_\_\_\_\_

3. Technical name of skin condition (diagnosis): \_\_\_\_\_

4. Do you believe the skin condition is contagious or harmful to others? YES NO  
(Circle One)
- If yes, is the skin condition under current therapy or has it been treated? YES NO  
(Circle One)

5. If contagious, on what date will the wrestler's participation no longer be harmful to that wrestler's opponent(s): \_\_\_/\_\_\_/\_\_\_?

6. The authorization to return to competition expires on \_\_\_/\_\_\_/\_\_\_.

Print Physician's Name \_\_\_\_\_ License No. \_\_\_\_\_

Print Physician's Specialty Area \_\_\_\_\_

Print Physician's Address \_\_\_\_\_

Print Physician's Telephone Number ( ) \_\_\_\_\_ Fax Number ( ) \_\_\_\_\_

Physician's Signature \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_

**NOTE TO ATHLETIC ADMINISTRATORS, WRESTLING COACHES, AND OFFICIALS**

The following is the National Federation Wrestling Rule relevant to communicable skin disease:

**NFHS Wrestling Rule 4-2-3:** If a participant is suspected by the referee or coach of having a communicable skin disease or any other condition that makes participation appear inadvisable, his coach shall provide current 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.