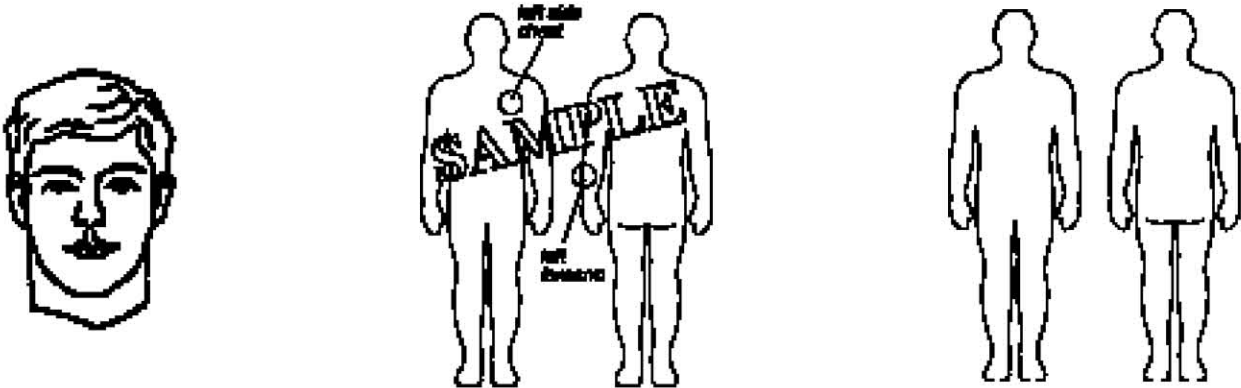


PENNSYLVANIA INTERSCHOLASTIC ATHLETIC ASSOCIATION, INC. (PIAA)
COMMUNICABLE SKIN DISEASE FORM
 (Revised July 1, 2004)

ALL MEMBER SCHOOLS are required to process the PIAA Communicable 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 other? 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 opponents? ____/____/____

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 NFHS 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, the 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 any 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.

NFHS Wrestling Rule 4-2-4: If an on-site meet physician is present, he/she may overrule the diagnosis of the physician signing the physician's release form for a wrestler to participate with a particular condition.