



**OSMA / OHSAA SKIN CONDITION  
EVALUATION & AUTHORIZATION TO COMPETE IN  
HIGH SCHOOL WRESTLING**



**TO: PHYSICIAN, M.D. OR D.O.**

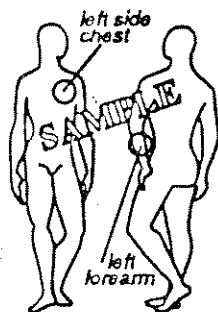
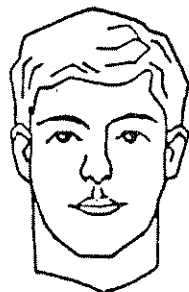
From National Federation Wrestling Rules: If a participant is suspected of having a communicable skin disease or any other condition that makes participation appear inadvisable, his coach shall provide written documentation from a physician stating that the suspected disease is not communicable and that the athlete's participation would not be harmful to his opponent. This document shall be furnished at the weigh-in or upon arrival at the site of the dual meet or tournament.

*Covering a communicable skin condition is not acceptable and does not make the wrestler eligible to participate.*

( Please use ink )

Please draw and describe skin condition(s) of: \_\_\_\_\_  
and answer all questions on this form. (name of wrestler)

1. Indicate the specific location of the suspected skin condition (on the figures below)



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

\_\_\_\_\_

\_\_\_\_\_

3. Do you believe this skin condition is currently contagious? Circle one: YES NO

4. If contagious, when will it be safe (i.e. no longer communicable) for him to resume wrestling? Please list a calendar date: \_\_\_ / \_\_\_ / \_\_\_

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

6. Name and dosage of medication used, if any: \_\_\_\_\_

7. This authorization covers the above diagrammed and described condition only and expires on: \_\_\_ / \_\_\_ / \_\_\_

**UNLESS SPECIFIED, THIS AUTHORIZATION EXPIRES TEN (10) DAYS FROM THE DATE OF EXAM**

Print Physician's name \_\_\_\_\_ Today's date \_\_\_ / \_\_\_ / \_\_\_

Physician's address \_\_\_\_\_

Physician's phone \_\_\_\_\_

Physician's signature \_\_\_\_\_

