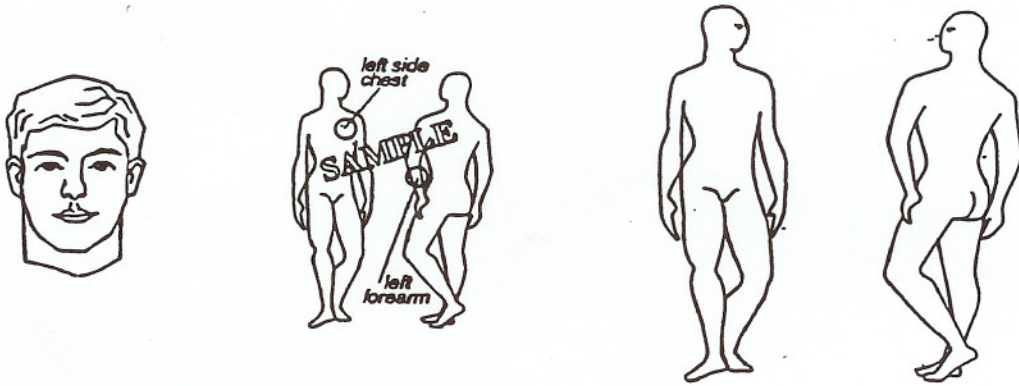


PENNSYLVANIA INTERSCHOLASTIC ATHLETIC ASSOCIATION, INC.
COMMUNICABLE SKIN DISEASE FORM
 (Revised July 1, 1999)

ALL MEMBER SCHOOLS are required to process the **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 pupil 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 his 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 () _____

Physician's signature _____ Date ____/____/____