

SMITHS
NATIONAL FEDERATION OF THE HEALTH SOCIETY

PHYSICIAN RELEASE FORM WEST VIRGINIA
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Name: _____ Date of Exam ___/___/___

Mark Location of Lesions

Diagnosis _____

Location of Lesions _____

Medication to treat lesions _____

Date treatment started ___/___/___

Form of Radiation Date: ___/___/___

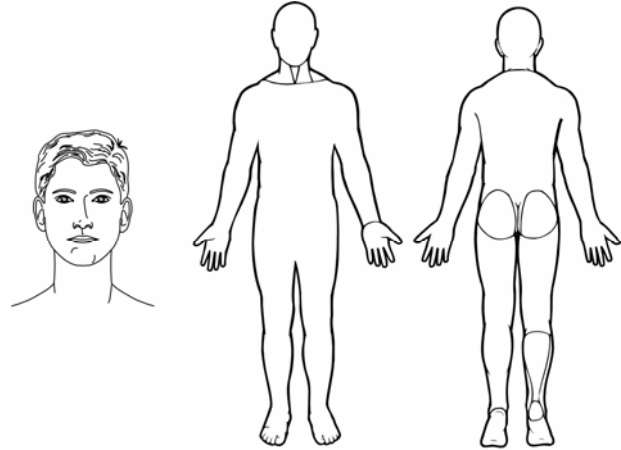
Earliest Date to return to participation: ___/___/___

Provider Signature _____ Office Phone #: _____

Physician Name Printed or Fed _____

(M.D. or D.O.)

Office Address _____



NOTES No non-tag lesions do not require treatment prior to return to participation (e.g., eczema, psoriasis). Please familiarize yourself with NHR rules 2-3 and 4-4.

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Below are some treatment guidelines **MINIMUM** before return to wrestling:

Bacterial Infections Oral antibiotics for 7 days and no drainage, oozing, or non-healing lesions

Herpetic Infections **500 mg** Miconazole 120 hours use of antifungal day for oral anti-viral treatment with no new lesions and all lesions scabbed over. Possible lesions may be present and participation may be approved long as lesions are scabbed over.

Fungal Infections Oral or topical treatment for 2 hours use of skin and 14 hours use of scalp.

Scalp Infection: 24 hours after appropriate topical management

Cutaneous Infection: 24 hours use of topical or oral medication and no discharge.

Mucocutaneous Infection: 24 hours after cure.