

COACH'S MEDICAL ATTESTATION FORM

Print Coach's Name

School

1. I understand that members of my wrestling team will undergo a thorough skin exam to determine whether or not they have any infectious or potential infectious skin eruptions.
2. I understand that my wrestlers will need to be examined (1 week prior to tournament) and present proper verification (clinical diagnosis, culture results and date/dosage of systemic/topical medication) if warranted by a knowledgeable physician or dermatologist.
3. I understand that these forms are necessary and that any wrestler with a skin eruption who does not have a completed form may be possibly disqualified.
4. I understand that the decision of the skin exam is final and complete at the time of skin examination and that no exceptions will be made.
5. I understand that I may question the screening physician in a civilized manner at the proper time but that I will not be present during the skin exam or engage in any confrontational, abusive, or unacceptable behavior toward physicians or the screening committee. I understand that failure to do so may possibly result in disqualification of my wrestler and or myself with team penalty points sanctions as well.
6. I understand that any attempt on my part to encourage or aid in camouflaging potentially contagious skin rashes/eruptions may result in disqualification of my wrestler, myself as coach or team penalty points sanctions.

I have read and understand the tournament guidelines stated above by the National Prep Medical staff. Finally, I will abide by all of the rules and regulations regarding skin examinations as outlined above, and waive any liability for the National Prep Medical Staff toward the disposition of skin examinations.

Coach's Signature

Date