

Wrestling Camp Skin Infection Survey

NAME _____ AGE _____ DATE _____

I. **MEDICATIONS:** Please list any medications that you take on a daily or intermittent basis. Be sure to include inhalers for asthma, hay-fever, etc.

II. **FAMILY HISTORY:** (Indicate YES or NO and specific family members)

- A. Diabetes: Yes No Family Member(s)
- B. Asthma: Yes No Family Member(s)
- C. Atopic Dermatitis (eczema): Yes No Family Member(s)
- D. Allergic Rhinitis (hayfever): Yes No Family Member(s)
- E. Recurrent Staph Infections: Yes No Family Member(s)

III. **PAST SKIN HISTORY:**

- A. Atopic Dermatitis (eczema) Yes No Family Member(s)
- B. Psoriasis: Yes No Family Member(s)
- C. Warts: Yes No Family Member(s)
- D. Molluscum Contagiosum: Yes No Family Member(s)
- E. Recurrent Staph Infections (i.e. Boils, Folliculitis, Impetigo): Yes No Family Member(s)
- F. Tinea Infections (Ringworm): Please include ant past or present history of Athlete's Foot, Jock Itch, Body Ringworm, etc.: Yes No Family Member(s)
- G. Recurrent "Cold Sores": Please include any past or present history of cold sores of the lips or genital herpes. Also include any past or present history of generalized herpes infections acquired during past wrestling seasons, such as so called "herpes gladiatorum":
Yes No Family Member(s)