WVSSAC Herpes Reporting Form

One or more members of the _____ High School Wrestling Team has been diagnosed with Herpes Simplex.

Please list the date of diagnosis. _____

Please list all the teams that you have competed against within the 8 days prior to diagnosis.

You must notify all schools that your athletes have had contact with during this time period.

Date	School	Tournament	Verification that the schools have been contacted.

This form must be on file in the WVSSAC office within 2 working days of the diagnosis.

Principal Signature _____

Please contact the WVSSAC office if you have any questions.