



LHSAA RETURN TO COMPETITION FORM COVID-19

This form serves as written communication for schools who have a COVID-19 positive case that results in the isolation and/or quarantine of a student-athlete.

The undersigned physician has examined the student-athlete identified below and gives permission for the student-athlete to return to competition on the date and in the sport identified.

| | |
|----------------------|---------------------|
| Athlete/Coach: | Sport: |
| School: | Principal: |
| Date of Quarantine: | Date to Return: |
| Attending Physician: | LA Medical License: |

Physician Signature: _____ Date: _____

Note: This form is only for use by the school or school district. The form is not required to be submitted to the LHSAA.