



LHSAA TEAM 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. This written statement from a physician must be submitted to the LHSAA in order for an athlete to return to competition.

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: _____

This form must be completed in its entirety and emailed to the LHSAA Executive Assistant assigned to the sport:

Volleyball, Basketball, Softball – Karen Hoyt at khoyt@lhsaa.org

Cross Country, Wrestling, Tennis, Indoor and Outdoor Track & Field – Adam MacDowell at amacdowell@lhsaa.org

Swimming, Bowling, Soccer, Baseball – Michael Federico at mfederico@lhsaa.org

Gymnastics, Powerlifting – Lee Sanders at lsanders@lhsaa.org

Golf – Eric Held at eheld@lhsaa.org

Football – Kathie Smith at ksmith@lhsaa.org