



# MINNESOTA STATE HIGH SCHOOL LEAGUE

## Postseason COVID Isolation Form

The following student(s):

- has/have tested positive for COVID-19 and is/are ineligible for competition for a minimum of 5 days from their positive test or onset of symptoms, or
- has/have not tested positive for COVID-19 but are undergoing locally required and/or CDC or MDH-recommended isolation periods due to symptoms consistent with COVID-19.

These students are on the school's preferred section roster, but due to timing of their isolation or quarantine, are not able to play in one or more section games. Their isolation or quarantine will be ending during the postseason tournament. These students currently may or may not be under a physician's care for their isolation or quarantine; therefore, the approved physician-certified substitution policy does not apply.

Isolated students who are on a school's preferred section roster should be added to the section roster submitted to the section committee. They will then be temporarily replaced by the student(s) listed below. At the conclusion of the period of ineligibility, if the student has no additional risk or symptoms and has approval of the appropriate school professional (school nurse preferred), the student may be returned to the tournament squad. When such a player is returned to the tournament squad, the player replaces the identified substitute. At no time should a team squad exceed the maximum number of players dictated by section rules.

**School:** \_\_\_\_\_ **Section/Class:** \_\_\_\_\_

**Activity:** \_\_\_\_\_

Rostered player on isolation or quarantine	Start date of isolation/ quarantine	End date of isolation/ quarantine	Name of replacement player during isolation/ quarantine

This form must be signed by the school's **Activities Administrator** and submitted to the **Section Manager** prior to any games in which the quarantined player(s) will be replaced.

\_\_\_\_\_  
Signature of **Activities Administrator**

\_\_\_\_\_  
Date

☐ By checking this box and entering your name, you are confirming your signature electronically.