





**Gradual Return to Play Plan (Checklist for Physician)**

- \_\_\_ 1. No physical activity.
- \_\_\_ 2. Low levels of physical activity (i.e. ). This includes walking, light jogging, light stationary biking, light weightlifting (lower weight, higher reps, no bench, no squat).
- \_\_\_ 3. Moderate levels of physical activity with body/head movement. This includes moderate jogging, brief running, moderate-intensity stationary biking, moderate-intensity weightlifting (reduced time and/or reduced weight from your typical routine).
- \_\_\_ 4. Heavy non-contact physical activity. This includes sprinting/running, high-intensity stationary biking, regular weightlifting routine, non-contact sport-specific drills (in 3 planes of movement).
- \_\_\_ 5. Full contact in controlled practice.
- \_\_\_ 6. Full contact in game play

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**Signatures**

**Physician:** \_\_\_\_\_  
Please provide contact info below

**Acknowledged By:** \_\_\_\_\_  
Parent/Guardian

Full name of Physician: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Date of Signature: \_\_\_\_\_  
dd/mmm/yyyy

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