

ATLANTA ISD RETURN TO PLAY CHECKLIST

ATHLETE'S NAME		DATE OF INJURY			
<p>PHASE I NO PHYSICAL ACTIVITY UNTIL:</p> <ul style="list-style-type: none"> • ATHLETE IS SYMPTOM FREE 24-HOURS, AND • A COMPLETED PHYSICIAN RETURN TO PLAY CLEARANCE FORM IS ON FILE 					
PHASE II	ACTIVITY DESCRIPTION	SYMPTOM(S) REPORTED	INITIAL OF COACH	INITIAL OF STUDENT	DATE
STEP 1—	BEGIN SUPERVISED LIGHT AEROBIC EXERCISE (5-10 MINUTES ON AN EXERCISE BIKE OR LIGHT JOG); NO WEIGHT LIFTING, RESISTANCE TRAINING, OR ANY OTHER EXERCISE				
STEP 2—	SUPERVISED MODERATE AEROBIC EXERCISE (15-20 MINUTES OF RUNNING AT MODERATE INTENSITY IN THE GYM OR ON THE FIELD WITHOUT A HELMET OR OTHER EQUIPMENT				
STEP 3—	BEGIN NON-CONTACT TRAINING DRILLS IN FULL UNIFORM MAY BEGIN SUPERVISED WITH LIFTING, RESISTANCE TRAINING, OR OTHER EXERCISES				
STEP 4—	FULL PRACTICE OR TRAINING.				
STEP 5—	FULL GAME PLAY				
<p>IF ATHLETE EXPERIENCES POST-CONCUSSION SYMPTOMS DURING THE RETURN TO PLAY PROCESS, ACTIVITY IS IMMEDIATELY DISCONTINUED AND THE ATHLETE MUST BE RE-EVALUATED BY PHYSICIAN.</p>					
ATHLETIC DIRECTOR SIGNATURE			DATE		
SUPERINTENDENT SIGNATURE			DATE		