

## Return to Learn/Return to Physical Activity Plan Tracking Sheet

Student Name: \_\_\_\_\_

Date of Injury: \_\_\_\_\_

Principal/Vice Principal Signature: \_\_\_\_\_

Return to Learn/ Return to Physical Activity Stages	Parent/Guardian Action	Date Completed
<p><b>Stage 1- Relative cognitive and physical rest at home</b></p> <ul style="list-style-type: none"> <li>• Activities of daily living (moving around home, basic hygiene).</li> <li>• Cognitive: Limit screen time/reading. Keep usage brief.</li> <li>• Physical: Light physical activity (e.g., walking) permitted if tolerated.</li> <li>• Symptom Rule: Mild symptoms are acceptable. If symptoms increase significantly, stop and rest.</li> </ul>	<p><i>Parent/Guardian returned the Appendix C to the school-completion of Stage 1</i></p> <p><input type="checkbox"/> Yes    <input type="checkbox"/> No    <input type="checkbox"/> N/A</p>	
<p><b>Stage 2 - Return to Learn - No Symptoms or Improved Symptoms</b></p> <ul style="list-style-type: none"> <li>• Student <b>returns to learn</b> with individualized learning plan as needed, including quiet location, gradually reducing accommodations as tolerated.</li> <li>• Student returns to light aerobic activity only as tolerated,</li> </ul>	<p><i>Parent/Guardian returned the Appendix C to the school-completion of Stage 2</i></p> <p><input type="checkbox"/> Yes    <input type="checkbox"/> No    <input type="checkbox"/> N/A</p>	
<p><b>Stage 3 - Return to individual light physical activity</b></p> <ul style="list-style-type: none"> <li>• Student may gradually begin sport-specific activities that can be done individually without any risk of head impact. (e.g. skating, exercise programs, <b>non-contact</b> drills, play structures. Sport Specific).</li> </ul>	<p><i>Parent/Guardian returned the Appendix C to the school-completion of Stage 3, with a signature from a medical practitioner</i></p> <p><input type="checkbox"/> Yes    <input type="checkbox"/> No    <input type="checkbox"/> N/A</p>	

Medical Examination required before returning to physical activities with contact		
Return to Learn/Return to Physical Activity Stages	Parent/Guardian Action	Date Completed
<p><b>Stage 4-Return to moderate physical activity</b></p> <ul style="list-style-type: none"> <li>Student may begin activities where there is no body contact (e.g., dance, badminton, light resistance/weight training; <b>non-contact</b> practice; and non-contact sport-specific drills.</li> </ul>	<p><i>Parent/Guardian returned the Appendix C to the school-completion of form - completion of Stage 4.</i></p> <p><input type="checkbox"/> Yes    <input type="checkbox"/> No    <input type="checkbox"/> N/A</p>	
<p><b>Stage 5 Return to full contact physical activities (non-competitive)</b></p> <ul style="list-style-type: none"> <li>Student may resume regular physical education/intramural activities/interschool activities in non-contact sports and full training/practices for contact sports. e.g. sport team practices, track and field, fitness games, Frisbee</li> </ul>	<p><i>Parent/Guardian returned the Appendix C to the school-completion of Stage 5.</i></p> <p><input type="checkbox"/> Yes    <input type="checkbox"/> No    <input type="checkbox"/> N/A</p>	
<p><b>Stage 6 -Return to full contact activities (competitive sports)</b></p> <ul style="list-style-type: none"> <li>Student may resume full participation in contact sports with no restrictions.</li> <li>e.g. soccer, rugby, hockey, basketball, dodgeball</li> </ul>	<p><i>Parent/Guardian returned the Appendix C to the school-completion of Stage 6.</i></p> <p><input type="checkbox"/> Yes    <input type="checkbox"/> No    <input type="checkbox"/> N/A</p>	

**There must be a minimum of 24 hours symptom free between each stage. If at any point symptoms return, the student must return to the previous stage. If symptoms appear after Medical Clearance (Stage 4, 5, or 6), the student must return to Stage 3 and be reassessed: Appendix C**

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