

MUHS COVID +/EXPOSURE RTP

NAME- _____

DOB- _____

GRADE- _____

SPORT- _____

STAGE	DATE/TIME	ACTIVITY/COMMENTS
<u>STAGE 1</u> 2 DAYS 15 min. max each day	Day 1	
	Day 2	
<u>STAGE 2</u> 1 DAY 30 min. max		
<u>STAGE 3</u> 1 DAY 45 min. max		
<u>STAGE 4</u> 2 DAYS 60 min. max each day	Day 1	
	Day 2	
<u>STAGE 5</u> Full Practice, No Restrictions		

RTP COMPLETED BY: _____

DATE COMPLETED: _____