Return to Learn/Play Form

For questions concerning this form please contact Cal State Fullerton Sports Clubs Coordinator at (657) 278-7093. The following form must be submitted by the participant to the Sports Clubs Office in order to return to regular sports participation.

______________________ suffered a suspected head injury on ___________ as a California State University, Fullerton Sport Club participant in ___________________

(sport)

Physician Use Only:

(Please Initial)

__________ Cleared to Return-to-Play without restrictions.

__________ Cleared to Return-to-Learn/Play with the following listed or attached restrictions.

____________________________________________________________________

____________________________________________________________________

__________ Cleared to Return-to-Learn/Play without restriction on a specific date: __________

__________ Referred to local physician or specialist for further care. Cannot return to regular classroom participation at this time.

Physician’s Printed Name ____________________________  Physician’s Signature ____________________________

Name of Practice ____________________________ Phone # ____________________________ Date ____________________________

Sports Clubs Personnel Use Only:

(Please print name and sign)

Received by: ____________________________ Date: __________

Sport Club President/Coach Notified: ____________________________ Date: __________

Return completed forms to Student Life and Leadership/Sports Clubs Coordinator located in the Titan Student Union (TSU) 234.