

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
(name) (date)

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.