

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 or scan and email to studentlife@fullerton.edu with subject line "ATTN: Sports Clubs Coordinator Return to Play Form".