

“RETURN-to-LEARN” CLEARANCE

For questions concerning this form please contact Fresno State Club Sports at (559)278-5987. The following form must be submitted by the participant to the Club Sports Office in order to return to regular classroom participation.



_____ (name) suffered a suspected head injury
on _____ (date) as a Fresno State Club Sport participant in _____ (sport).

Physician Use Only:

(Please Initial)		
_____ Cleared to Return-to-Learn without restriction.		
_____ Cleared to Return-to-Learn with the following listed or attached restrictions:		

_____ Cleared to Return-to-Learn 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 Name	Signature	
_____	_____	_____
Name of Practice	Phone #	Date

Club Sports Office Use Only:

Received By: _____	Date: _____
Method Instructors Were Notified: _____	Date: _____

Return completed forms to Student Involvement/Club Sports Program located in USU 306.
You may also fax completed forms to (559) 278-7786 attn. Eddie Dominguez