

“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 and/or Stamp (Required)		Signature	
_____	_____	_____	_____
Name of Practice/Facility	Address	Phone #	Date

Club Sports Office Use Only:

Received By: _____	Date: _____
Method Used to Notify Instructors: _____	Date: _____

Return completed forms to Student Involvement/Club Sports Program located in RSU 310.
You may also email completed forms to Eddie Dominguez at eddominguez@csufresno.edu