

# "REMOVAL-FROM-PLAY/LEARN" NOTIFICATION

For questions concerning this form please contact Fresno State Club Sports at (559) 278-5987. A copy of the following form must be submitted to the Club Sports Office (RSU 310) and to your coach after concussion diagnosis.



\_\_\_\_\_ (name) has been placed on "**Concussion Protocol**"  
on \_\_\_\_\_ (date) as a Fresno State Club Sport participant in \_\_\_\_\_ (sport).  
\_\_\_\_\_ (ATC name) \_\_\_\_\_ (ATC signature)

## REMOVAL-FROM-PLAY

### Physician's Use Only:

The student athlete above has suffered a concussion and is removed from participation in competition, practice, and workout sessions until further notice by a signed Return-to-Play clearance. Return-to-Play depends on adherence to the Removal-From-Play, the cessation of concussion symptoms, and return to normal levels of cognitive testing.

\_\_\_\_\_  
Physician Name and/or Stamp (Required)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name of Practice/Facility

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone #

\_\_\_\_\_  
Date

### Club Sports Office Use Only:

Received By: \_\_\_\_\_ Date: \_\_\_\_\_

Coach Notified: \_\_\_\_\_ Date: \_\_\_\_\_

## REMOVAL-FROM-LEARNING/CLASSROOM

### Physician's Use Only:

The student athlete above has suffered a concussion and is removed from participation in the classroom and coursework until further notice by a signed Return-to-Learn clearance. Return-to-Learn depends on adherence to the Removal-From-Classroom, the cessation of concussion symptoms, and return to normal levels of cognitive testing.

\_\_\_\_\_  
Physician Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name of Practice/Facility

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone #

\_\_\_\_\_  
Date

### Club Sports Office Use Only:

Received By: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Instructors Notified: \_\_\_\_\_ Date: \_\_\_\_\_

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