

# "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:

<b>(Please Initial)</b>		
_____	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 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