

"RETURN – TO – PLAY" CLEARANCE

For questions concerning this form please contact the CSUSM Campus Recreation Assistant Director at (760) 750-7413. This form must be submitted by the participant to the Sport Clubs mailbox at the Clarke Field House in order to return to regular participation.



REC
CALIFORNIA
S T A T E
UNIVERSITY
SAN MARCOS

_____ (Name) suffered a suspected head
injury on _____ (Date) as a Cal State San Marcos Sport Clubs
Member in _____ (Sport Club).

Physician Use Only:

(PLEASE INITIAL)

_____ Cleared to Return – To – Play without restriction.
_____ Cleared to Return – To – Play with the following listed or attached restrictions:

_____ Referred to local physician or specialist for further care. Cannot return to regular classroom participation at this time.

Notes:

Physician Name

Signature

Name of Practice

Phone Number

Date

Sport Clubs Office Use Only:

Received By: _____

Date: _____