"REMOVAL – FROM – PLAY/CLASS" NOTIFICATION

For questions concerning this form please contact the CSUSM Campus Recreation Assistant Director at (760) 750–7413. A copy of the following form should be submitted to the Sport Clubs mailbox at the Clarke Field House. Please notify Club Officers and Coach after diagnosis.

_____ (Name) suffered a potential concussion

on _____ (Date) as a Cal State San Marcos Sport Club Member in

_____ (Sport Club).

REMOVAL – FROM – PLAY

Physician's Use Only:

The student athlete listed 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 Signature

_____ _____ _____

Name of Practice Phone Number Date

REMOVAL – FROM – CLASS

Physician's Use Only:

The student athlete listed 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 – Class, the cessation of concussion symptoms, and return to normal levels of cognitive testing.

_____ _____

Physician Name Signature

_____ _____ _____

Name of Practice Phone Number Date

Sport Clubs Office Use Only:

Received By: _____ Date: _____

Last Updated: July 31, 2019