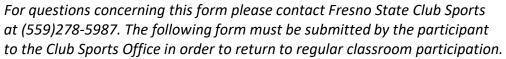
## "RETURN-to-LEARN" CLEARANCE





			Club 3	ports	
	(nar	ne) suffered a suspected he	ad injury		
1	(date) as a Fresno State Clu	b Sport participant in		_ (sport).	
nysician U	se Only:				
(Please	Initial)				
	Cleared to Return-to-Learn v	Cleared to Return-to-Learn without restriction.			
	Cleared to Return-to-Learn v	_	ttached restrictions:		
	Cleared to Return-to-Learn v	vithout restriction on a spec			
	Referred to local physician o				
	Cannot return to regular clas	ssroom participation at this t	time.		
Physicia	n Name	Signature			
		<del></del>			
Name of Practice		Phone #	Date		
lub Sports	Office Use Only:				
Receive	d By:		Pate:		
Method	Used to Notify Instructors:		Oate:		

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