## "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 (Date) as a Cal State San Marcos Sport Club Member in CALIFORNIA STATE (Sport Club). UNIVERSITY SAN MARCOS **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

## **Sport Clubs Office Use Only:**

Received By:	Date:
,	

Phone Number

Date

Last Updated: July 31, 2019

Name of Practice