Appendix F

CSU Positive Drug Screen Sanctions

Student-Athlete Name______ DOB_____

Parent or Legal Guardian Contacted? Yes	No (over 2.	1 y.o.)
Physician/Designee Signature		Date
************	********	******
Counseling appointment: Date	Time	
Follow Up Needed? Yes No		
Date of Next Appt	Time	<u></u>
Signature of Consultant:		
*************	********	******
has met wi	ith the Athletic Director ar	nd/or Sport Supervisor and
Head Coach to discuss and review the consequence	es of the positive drug screen	n.
	(2)(1)(5)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)	@MC/F4MCD\$DC@@@@e∀WhB/F1@7f10@@\$Tm@;@@\$