



# Manhasset Public Schools

*Health Offices*

## Shelter Rock

### POST-CONCUSSION CLEARANCE

### FORM I

### STUDENT ATHLETE – FULL CONTACT

Patient Name: \_\_\_\_\_

Date of Evaluation: \_\_\_\_\_

The student athlete named above is cleared for a complete return to **full contact** sport participation as of \_\_\_\_\_. The student athlete is instructed to stop play immediately and notify the coach or athletic trainer should his/her symptoms return.

Private Physician's Signature: \_\_\_\_\_

School District Medical Director: \_\_\_\_\_

#### Shelter Rock Health Office

27A Shelter Rock Road  
Manhasset, NY 11030

Phone: 516-267-7460

Fax: 516-267-7462