



# Manhasset Public Schools

*Health Offices*

## Elementary School

### POST-CONCUSSION CLEARANCE

### FORM II

### STUDENT– LIMITED CONTACT

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

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

The student named above is cleared for a complete return to **limited contact**\* physical education participation as of \_\_\_\_\_. The student is instructed to stop play immediately and notify the nurse should his/her symptoms return.

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

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

\*Another evaluation may be needed in the future if full contact is not approved at this time.

Shelter Rock Health Office  
27A Shelter Rock Road  
Manhasset, NY 11030

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Munsey Park Health Office  
1 Hunt Lane  
Manhasset, NY 11030

Phone: 516-267-7410  
Fax: 516-267-7489