



Manhasset Public Schools

Health Offices

Elementary School Post- Concussion Evaluation Sheet from Private Physician

Name:

Grade:

Date of Birth:

Address:

Date of Injury:

SCHOOL ATTENDANCE:

No Restrictions
Full Days as tolerated
Half Days as tolerated
No school – Home school/tutor
No school – Rest only
Other

CLINIC FOLLOW-UP:

None-Cleared
One week
Two weeks
____ weeks
Extended Testing
When Asymptomatic @ rest
Other

ACADEMIC ACCOMODATIONS:

Untimed tests and assignments
Reduced workload
Allow Frequent breaks
Provide outline of class notes
Obtain notes from peers
Tutoring as needed
Other

TREATMENT RECOMMENDATIONS:

Cog Rehab
CT/MRI/EEG
Psychotherapy
Psychiatry
Neurology/Headache Clinic
PT/Ortho
Balance Clinic
Support Group
Other

GYM/RECESS:

No gym or recess

EXERTION:

None until next visit
None until ____ then light if asx
Light until ____ then mod if asx
Mod until ____ then heavy if asx
Progress L/M/H through
L/M/H over next ____ days/weeks

PRIVATE PHYSICIAN SIGNATURE: _____

DATE: _____ **STAMP:**

Munsey Park Elementary School – 1 Hunt Lane, Manhasset, NY 11030

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

Shelter Rock Elementary School – 27 A Shelter Rock Road, Manhasset, NY 11030

Phone: 516-267-7460 Fax: 516-267-7462

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