



# Manhasset Public Schools

Health Offices

## MUNSEY PARK 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:** \_\_\_\_\_

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