



Manhasset Public Schools

Health Offices

Elementary School

POST-CONCUSSION CLEARANCE

FORM I

STUDENT– FULL CONTACT

Patient Name: _____

Date of Evaluation: _____

The student named above is cleared for a complete return to **full 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: _____

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

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

Munsey Park Health Office
1 Hunt Lane
Manhasset, NY 11030

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

REVISED 2/2022