



# Manhasset Public Schools

*Health Offices*

## Shelter Rock

### POST-CONCUSSION CLEARANCE

### FORM II

### STUDENT ATHLETE – LIMITED CONTACT

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

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

The student athlete named above is cleared for a complete return to **limited 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: \_\_\_\_\_

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

Shelter Rock Health Office

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