



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

27A Shelter Rock Road
Manhasset, NY 11030

Phone: 516-267-7460

Fax: 516-267-7462

REVISED 10/25/19