



# 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

SRHealthOffice@manhassetsschools.org

#### Munsey Park Health Office

1 Hunt Lane  
Manhasset, NY 11030

Phone: 516-267-7410

Fax: 516-267-7489

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