



# Manhasset Public Schools

Health Offices

Dear Parent/Guardian:

New York State Education Policy requires that any student who exhibits signs, symptoms, or behaviors consistent with a concussion, be removed from sports and shall not return to play until cleared by an appropriate health-care professional. Therefore, a request is being made for his/her private health care professional to complete the appropriate attached forms at this time:

**If no concussion after evaluation**, physician fills out **“Evaluation-No Concussion” on page 1**

**If sustained concussion** and needs temporary medical and academic accommodations, the physician fills out **“Post-Concussion Evaluation Sheet” on page 2. Please ensure they include a follow-up date.**

**Once cleared of concussion**, physician fills out the **“Post-Concussion Clearance Form” on page 3.**

**For Student Athletes:** If your child plays an interscholastic sport, the physician must ALSO fill out the **“Interscholastic Sports Post-Concussion Clearance Form” on page 4** for your child to start the return-to-play (RTP) process with our Athletic Trainer. Once they've completed **ALL 6 phases of RTP**, they may return to full interscholastic sports participation.

If you have any questions, please call us at (516) 267-7520 or e-mail us at [SSHealthOffice@manhassetsschools.org](mailto:SSHealthOffice@manhassetsschools.org).

Sincerely,  
Christina Kalamotousakis RN, MS, PNP  
Yeanah Kim RN, BSN, CPN

Dr. Roselia Guillen-Santana  
Dr. Ronald Marino  
Medical Directors, Manhasset Public Schools

Manhasset Secondary School  
200 Memorial Place, Manhasset, NY 11030  
Phone: 516-267-7520 Fax: 516-267-7524  
E-mail: [SSHealthOffice@manhassetsschools.org](mailto:SSHealthOffice@manhassetsschools.org)



## EVALUATION-NO CONCUSSION

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

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

The student named above did not show any symptoms of a concussion and therefore does not have a concussion.

**\*\*This form is only filled out if the student DID NOT sustain a concussion\*\***

Primary Physician's Signature: \_\_\_\_\_

Physician's Stamp:

Secondary School Health Office

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Manhasset, NY 11030

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## Post-Concussion Evaluation Sheet From Primary 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

**PRIMARY PHYSICIAN SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**STAMP:**

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**POST-CONCUSSION CLEARANCE FORM**

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

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

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

- **Full** return to Physical Education participation which includes **Full Academic** participation with no accommodations as of: \_\_\_\_\_
- **Limited** Physical Education participation as of: \_\_\_\_\_
- **Strenuous Non-Contact** Physical Education participation as of: \_\_\_\_\_
- **Non-Strenuous Non-Contact** Physical Education participation as of: \_\_\_\_\_

The student is instructed to stop play immediately and notify the coach or athletic trainer should his/her symptoms return.

Primary Physician's Signature: \_\_\_\_\_

Physician's Stamp:

School District Medical Director: \_\_\_\_\_

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## Interscholastic Sports Post-Concussion Clearance Form

Student Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_

Date of Injury \_\_\_\_\_

**The student IS cleared for GRADUATED RETURN TO PLAY PROTOCOL as of \_\_\_\_\_**

- Graduated return to play can start after 24 hours free of concussion symptoms
- Protocol is progressive and under the supervision of athletic trainer
- Only one phase is introduced every 24 hours. If symptoms return, will not advance to next phase.

- Phase 1**- low impact, non-strenuous, light aerobic activity such as walking or riding a stationary bike.
- Phase 2**- higher impact, higher exertion, and moderate aerobic activity such as running or jumping rope.
- Phase 3**- Sport specific non-contact activity. Low resistance weight training with a spotter.
- Phase 4**- Sport specific activity, non-contact drills. Higher resistance weight training with a spotter.
- Phase 5**- Full contact training drills and intense aerobic activity.
- Phase 6**- Return to full activities without restrictions.

**The student is NOT cleared for the graduated return to play protocol but may have limited participation with the following restrictions:**

\_\_\_\_\_

Expected re-evaluation to advance these restrictions on/about: \_\_\_\_\_

**The student is NOT cleared for the graduated return to play protocol and may NOT return to PE or sports/athletics until further notice.**

Expected re-evaluation to advance these restrictions on/about: \_\_\_\_\_

Please note, ALL students are required to compete the school-based six phase graduated return to play protocol before full participation in PE or sports/athletics

Health Care Provider Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_ Telephone \_\_\_\_\_ Fax \_\_\_\_\_