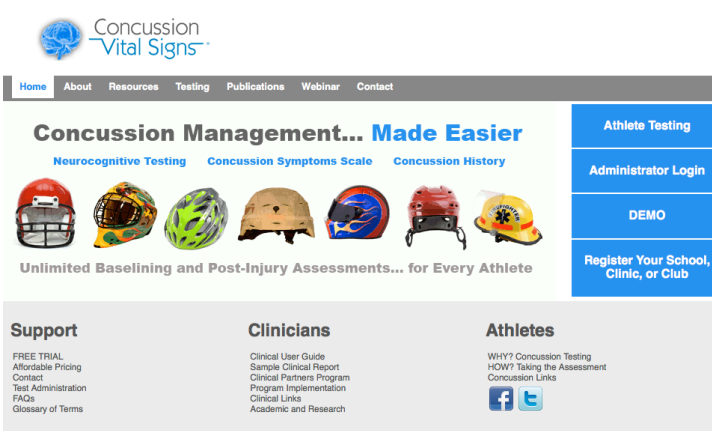


# Concussion Testing Directions

**It is very important that your athletes pay attention, listen, read, and follow all directions! An invalid test will result in the athlete retesting.**

- Open Mozilla Firefox or Safari Internet browser.
- Go to [www.concussionvitalsigns.com](http://www.concussionvitalsigns.com)



Click:  
**“Athlete Testing”**

## Concussion Vital Signs **Athlete Testing**

By continuing, you accept the [Concussion Vital Signs Licensing Agreement](#).

User Name:

Password:

[Athlete Assessment Login](#)

Concussion Vital Signs helps each ATHLETE establish a BRIEF-COINC clinical view of their Neurocognitive status, concussion symptoms, and concussion history as part of a concussion management plan. To BEGIN the assessment ENTER the Assessment Account USERNAME and PASSWORD provided by your SPONSOR and CLICK the LOGIN button.

### System Requirements

- Minimum Screen Resolution of 800x600
- Internet Explorer 6 or greater, or any Gecko (Mozilla/5.0) based browser, which includes the current Mozilla, Firefox, and Safari browsers.

### You have ...

- Screen Resolution: 1440x900
- Browser: Mozilla/5.0 (Macintosh; U; Intel Mac OS X 10.6; en-US; rv:1.9.2.17) Gecko/20110420 Firefox/3.6.17

User Name: **raiders**

Password: **28023**

Click:  
**“Athlete Assessment Login”**

# Concussion Vital Signs

Test Administrator  
**raider**

Athlete Reference/ID

Test

Logout

Athlete Reference/ID:  
**Student's Number/Mac Login**

Click:  
**"Test"**

Confirm Athlete Reference/ID:

Retype Student # / MAC Login

Birth Date: Year:  ▼ Month:  ▼ Day:  ▼

Use Pulldown Arrows to select  
appropriate birthdate

Full Name (optional):

Assessment Type (Select One):

Baseline  Post Injury

Type First & Last Name  
(NOT optional for SRHS athletes)

Assessments (Select One or More):

- Concussion Vital Signs
- Athlete Information & Medical History
- Concussion Symptom Scale
- Pocket SCAT2 (Sideline Assessment)

Click: **"Baseline"**

Click: **"Concussion Vital Signs"**

Testing Supervision (Select One):

- Unsupervised
- Supervised by parent / guardian
- Supervised by athletic trainer or school personnel
- Supervised by clinician or medical technician

Click: **"Athlete Info & Medical Hist."**

Click: **"Supervised by athletic trainer  
or school personnel"**

Testing Environment (Select One):

- Alone  Group 2-5
- Group 6-15  Group 16 or More

Click: **appropriate group size**

OK

Cancel

Click: **"OK"**

- Confirm that all information is correct & Click: **"OK"**

Please confirm these settings.

Subject ID: 2561

Birth Date: 1973 Aug 2

Assessment Type: Baseline

Assessments: Concussion Vital Signs

Test Language:

OK

Cancel

- Below is the 1<sup>st</sup> screen of the actual test. Screens that look like this will show up throughout the testing and contain the directions for the next “test”.
- Please stress to your athletes that they need to read and follow all directions carefully to assure that their test is valid. If they do not follow the directions, their test may be considered invalid and a retest will be necessary.
- The test is self-managed and students can proceed through it at their own pace.
- Please allow a MINIMUM of 30 minutes to complete the test.

### **Verbal Memory Test**

In a moment you will be taking the Verbal Memory Test.

The objective of this test is to remember words.

You will be shown a list of words one at a time. Try to remember them because later you will be asked to pick the words you saw.

You will now be shown 15 words to remember.

There will be a three second countdown.

Each word will be displayed for two seconds.

**Press the Enter Key to continue**