

Student Athlete Concussion Test Instructions

Visit www.concussionvitalsigns .com

Choose "Athlete Testing"



Enter provided User Name and Password.

Select "Athlete Assessment Login"



By continuing, you accept the Concussion Vital Signs Licensing Agreement.

User Name:	Indians#1		
Password:	27817		
Device Type:	Laptop or Desktop	0	Tablet (Scales Only)

Athlete Assessment Login

Enter Student ID Number and select "Take the Test"





Test Administrator: Indians#1

Athlete ID:	Enter Student ID Number	Take the Test	
	Logout		1

Enter the following information and click "OK" to begin the test.





Confirm Athlete Reference/ID: Enter Student ID #
Birth Date: Year: Month: Day: Use drop down boxes to enter birthday
Full Name (optional): Enter First Last Name *NOT OPTIONAL
Assessment Type (Select One):
Assessments (Select One or More): Concussion Vital Signs Athlete Information & Medical History Concussion Symptom Scale Concussion Sideline Assessment
Choose best option Supervised by parent / guardian Supervised by athletic trainer or school personnel Supervised by clinician or medical technician
Testing Environment (Select One): Choose best option O Alone O Group 2-5 O Group 6-15 O Group 16 or More
Click OK to begin the test OK Cancel