Concussion Vital Signs Testing Instructions

Step 1:

Go to: www.ConcussionVitalSigns.com and click on "Athlete Testing" on the right side of the page.



Step 2:

Enter the following:

Username: Mason (case sensitive)

Password: 22043

Once you have entered the username and password, click "Athlete Assessment Login".



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

User Name: Mason
Password: •••••

Athlete Assessment Login

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Step 3:

You will then be prompted to enter your "Athlete ID". The ID is in the format of:

Last name, followed immediately by birth month (2 numbers), and then the day of the month the athlete was born on (2 numbers).

Examples: Smith0214 Doe1104

If you have a twin, enter your last name, first initial of your first name. Example:

JonesR0214 JonesM0214

Once you have entered your Athlete ID, click "Take the Test".



Step 4:

Below is the screen you'll see next. If an athlete has taken this test before, they should see that some of the information is already filled in if they properly entered their Athlete ID on the previous screen. If you don't see any information filled in at all, they need to back out & re-enter their Athlete ID on the previous page. Remember that an athlete needs to fill in the Athlete ID exactly as they did when they first created it. If you used a capital letter for the first letter of the last name, they need to do that every time. Or if they didn't use capital letters at all, then keep everything the same. If you run into any issues here, just stop the test & see Coach Galliher at school.

Otherwise, after entering the Athlete ID below in the "Confirm Athlete Reference/ID" box, fill in any of the remaining selections that need to be checked.

Even though it's optional to input your "Full Name", please DO ENTER your name.

The "Assessment Type" is: Baseline

For "Assessments", only select the first option: "Concussion Vital Signs"

For "Testing Supervision" select: "Supervised by parent/guardian"

For "Testing Environment" select: "Alone"

Confirm Athlete Reference/ID: Smith0101
Birth Date: Year: 1996 Month: Jan Day: 1
Full Name (optional): John Smith
Assessment Type (Select One):
Baseline Post Injury
Assessments (Select One or More):
Athlete Information & Medical History
Concussion Symptom Scale
Pocket SCAT2 (Sideline Assessment)
Testing Supervision (Select One):
Unsupervised
Supervised by parent / guardian
Supervised by athletic trainer or school personnel
Supervised by clinician or medical technician
Testing Environment (Select
One):
Alone
Group 16 or
Group 6-15 More

After completing this page, click "OK" to go to the next screen... on the next screen, click "OK" again and that will take you directly to the test.

Step 5:

Take the test. Once the athletes complete the test, they just need to log out of the test site... they'll see the option of "Continue" or "Log Out".

BE SURE TO click on "Log Out" – this saves the test results