Hello!

Please take this Baseline Concussion Test very seriously. It is not the only tool used to evaluate concussion, but it is a useful tool, that when done correctly could help get you back to your sport as quickly and safely as possible.

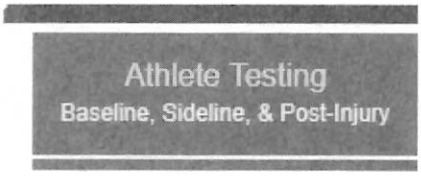
It is important to read the instructions before each section. The instructions will tell you when you should go fast, or when you should be accurate or both. The directions will also tell you which keys to use to enter your responce.

The test must be completed in one sitting. It will take about 45 minutes. If you do not put in your best effort, it could be marked as invalid, and you may be asked to re-take the test. Surely you have something you would rather do for 45 minutes than having to re-take the test.

The baseline test must be completed by _____. Good Luck!

1. Go to Concussionvitalsigns.com to begin.

2. Click the blue Athlete Testing button on the far right



2. Enter the Username: ForestLake (Input this as one word not two)
3. Enter the Password: Sport$22 (it is case sensitive; capitalize first S)
4. Click "Athlete Assessment Login"

5. The Athlete ID will be your last name and 8 digit date of birth
   Example: student Joe Smith with a DOB 03/17/2007 would be: Smith03172007
   Enter YOUR Athlete ID, following those rules, in the Athlete ID box and click Take the test

Concussion Vital Signs

Test Administrator: **ForestLake**

Athlete ID: [ ] Take the Test

Logout

6. It is possible the Athlete ID login box (above) may appear in another window.
   Check all your open windows/browsers for the login box

7. Type in your student ID AGAIN, use the drop down boxes to fill in your birthdate and type in your FIRST AND LAST NAME. It is NOT optional! Fill in the rest of the screen as shown below and click ok.

Confirm Athlete Reference/ID:

Birth Date: Year Month Day

Full Name (optional): FIRST AND LAST

Assessment Type (Select One):

- (•) Baseline
- ( ) Post Injury

Assessments (Select One or More):

- [x] Concussion Vital Signs
- [ ] Athlete Information & Medical History
- [ ] Concussion Symptom Scale
- [ ] Concussion 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 2-5
- ( ) Group 6-15
- ( ) Group 16 or More

OK Cancel

8. Check to make sure you entered your information correctly and begin the test. Read every question and section very carefully.

9. At the end of the test, click logout. We will let you know if there are any issues with your baseline.

10. GOOD LUCK!