

Athlete Information & Medical History (Page 1 of 2)

Athlete Reference/ID: athletetest	Test Date Local: September 17, 2014 15:39:55
Full Name: John Doe	Age: 18
Administrator: Athlete Assessment	Language: English (United States)
Total Test Time: 31:12 (min:secs) for all tests in this report	Test Date GMT: September 17, 2014 22:39:55
Testing Supervision: Supervised by athletic trainer or school personnel	Testing Environment: Group 16 or More
Concussion Reference Code: 2T47GERB Used to view the most recent report or administer post-injury assessment at www.concussionvitalsigns.com	

Demographic and Background Information - General Information

Height: 6 ft 2 in	Weight: 195 lbs
Sport Setting: College	
Academic Year: Sophomore	Eligibility Year: 2
Race: African American	
Handedness: Right	Gender: Male
Native Language: English	
Second Language:	How Long? yrs

Demographic and Background Information - Education

Years of Education Completed (e.g. high school senior is 11 years): 12yrs	
SAT (total): 1430 out of 2400	
Received speech therapy:	Yes
Attended special education classes:	No
Repeated one or more years of school:	No
Diagnosed attention deficit disorder (ADD) or hyperactivity (ADHD):	Yes
Diagnosed learning disability:	No

Demographic and Background Information - Sports

Primary Sport: Wrestling
Primary Sport Position:
Years you have played this primary sport at current level: 1
Total number of years you have played this primary sport: 10
Secondary Sport:
Secondary Sport Position:
Years you have played this secondary sport at current level:
Total number of years you have played this secondary sport:

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Concussion & Medical History

Number of times diagnosed with a concussion: 1	
Injury 1	
Approximate Date of Injury: October/2010	Days Lost: 0
Was this concussion sports related?	Yes
Did this concussion result in a loss of consciousness?	Yes
Did this concussion result in confusion?	No
Difficulty remembering events immediately before injury?	Yes
Difficulty remembering events immediately after injury?	Yes
Injury 2	
Approximate Date of Injury: /	Days Lost:
Was this concussion sports related?	
Did this concussion result in a loss of consciousness?	
Did this concussion result in confusion?	
Difficulty remembering events immediately before injury?	
Difficulty remembering events immediately after injury?	
Injury 3	
Approximate Date of Injury: /	Days Lost:
Was this concussion sports related?	
Did this concussion result in a loss of consciousness?	
Did this concussion result in confusion?	
Difficulty remembering events immediately before injury?	
Difficulty remembering events immediately after injury?	
Indicate whether you have experienced the following:	
Treatment for headaches by physician:	No
Treatment for migraine headaches by physician:	No
Treatment for epilepsy/seizures:	No
History of brain surgery:	No
History of meningitis:	No
Treatment for Substance/alcohol abuse:	No
Treatment for psychiatric condition (depression, anxiety etc.):	No
Current Medications: acyclover	