

# Tracking Recovery During a Concussion: School Nurse Form

STUDENT'S NAME \_\_\_\_\_ DATE OF INJURY \_\_\_\_\_

**1) TOTAL SYMPTOM SCORE**

WEEK 1	WEEK 2	WEEK 3	WEEK 4

WEEK 5	WEEK 6	WEEK 7	WEEK 8

**2) CONVERGENCE** (norm  $\leq 6$  cm from tip of nose to 14 font object)

WEEK 1	WEEK 2	WEEK 3	WEEK 4

WEEK 5	WEEK 6	WEEK 7	WEEK 8

**3) TANDEM STANCE BALANCE** (heel-to-toe, non-dominant foot in back, hands on hips, eyes closed; norm 20 sec age 5y and older)

WEEK 1	WEEK 2	WEEK 3	WEEK 4

WEEK 5	WEEK 6	WEEK 7	WEEK 8

**4) KING-DEVICK** : Student's baseline if available: \_\_\_\_\_, \_\_\_\_\_ (Date measured \_\_\_\_\_)

DATE				
# CARDS				
TOTAL TIME				
# ERRORS				

DATE				
# CARDS				
TOTAL TIME				
# ERRORS				

NAME OF EXAMINER: \_\_\_\_\_