

Magoffin County Schools
Vision Screening Forms

NAME: _____ DATE: _____

SCHOOL: _____ AGE: ____ Yrs. ____ Mo.

STUDENT WEARS GLASSES YES NO

STUDENT SCREENED: WITH GLASSES WITHOUT GLASSES

Distance: Left Eye Right Eye Both Eyes

20 ft. _____ _____ _____

Distance: Left Eye Right Eye Both Eyes

10 ft. _____ _____ _____

REMARKS:

RESULTS:

PASSED

FAILED

RESCREEN

RECOMMENDATIONS:

NO FURTHER EVALUATIONS NEEDED AT THIS TIME

RESCREEN IN _____ WEEKS

RESCREEN WITH GLASSES

REFER TO SPECIALIST

Signature of Screening Personnel