



VISION SCREENING RECORD

NAME: _____

DISTANCE VISUAL ACUITY:

RIGHT EYE _____ LEFT EYE _____ BOTH EYES _____

STATIC REFRACTION:

PASS _____ HYPEROPIA _____ MYOPIA _____ ASTIGMATISM _____ ANISOMETROPIA _____

COVER TESTS AND VERSIONS: PASS _____ FAIL _____

INTERNAL AND EXTERNAL CHECK: PASS _____ FAIL _____

COMMENTS:

SIGNATURE OF DOCTOR

DATE

PRINTED NAME OF DOCTOR

Revised 2/2/21