



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

PRINTED NAME OF DOCTOR

DATE