

Vision Screening Examination

Pupil's Name _____ Sex M F Age _____

Birthdate _____ Screening Date _____

Parent's Name: _____ School _____

Address: _____ Grade _____

Examiner _____

Visual Acuity	Distance	Near
Both eyes	20/	20/
Right eye	20/	
Left Eye	20/	

Wears glasses _____ yes _____ no

Tracking _____

Cover Test _____

Convergence _____

Recheck When? _____

Refer to eye specialist

No Recommendation

Refer children as follows:

3 year old – 20/50 or less (20/40 passes)

All other ages 20/40 or less (20/30, 20/20 passes)

Refer children who have a difference of one line or more between the two eyes – even within normal standards