



VISION RESCREENING WORKSHEET

LOCATION _____ GRADE _____ ROOM _____

SCREENING TECHNICIAN'S NAME _____ DATE _____

NAME	GRADE OR AGE	PASS	TEST SCORES						COLOR P-F	BINOCULAR TEST						GLASSES	REFERRAL GLASSES/OBSERVATION
			PHORIA		V.A.		+LENS			NEAR			FAR				
			N	F	R	L	R	L		L	B	R	L	B	R		
1.																	
2.																	
3.																	
4.																	
5.																	
6.																	
7.																	
8.																	
9.																	
10.																	
11.																	
12.																	
13.																	
14.																	
15.																	
16.																	
17.																	
18.																	
19.																	
20.																	

CHILDREN REFERRED	REASON FOR REFERRAL	EXAMINATION RESULTS					
		DIAGNOSIS	DATE	TREATMENT	GLASSES	NONE	SPECIAL. ED.
1.							
2.							
3.							
4.							
5.							
6.							

SUMMARY

PRESCHOOL GRADE _____ (circle one)	1	2	3	4	5	COLOR	
	NUMBER SCREENED	NUMBER RESCREENED	NUMBER REFERRED	NUMBER OF CHILDREN WITH GLASSES	GLASSES REFERRALS	SCREENED	FAILED