

Children's Vision Screening

Date _____

Child's Name _____ Parent's Name _____

Address _____ City _____ State _____ Zip _____

Child's Date of Birth _____ School _____ Grade _____

	Right Eye	Left Eye	Both Eyes	Near Both
Visual Acuity (with) (without) glasses				
Auto Refractor Without glasses				

Stereopsis Stereo Fly	Adequate	Not Adequate
Color Vision AOHRR (RG)	Adequate	Not Adequate
Muscle Balance (Cover, Hirschberg)	Adequate	Not Adequate
Binocularity Worth 4	Adequate	Not Adequate

Screening Results

- Normal Screening
- Some findings are not in the Normal range – Recommend Eye Exam

Comments _____

This screening does not replace a comprehensive eye exam. It consists of tests that can identify a problem that may require further evaluation.

We recommend annual comprehensive eye exams for children.