

# Illinois Department of Public Health VISION SCREENING 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		
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<p style="text-align: center;"><b>RECORDING RESULTS</b></p> <p>P - IN PASS COLUMN IF ALL TESTS ARE PASSED</p> <p>V - IN APPROPRIATE TEST COLUMN IF FAILURE CRITERIA WAS MET</p>	<p style="text-align: center;"><b>CRITERIA</b></p> <p style="text-align: center;"><b>4 OR MORE CORRECT</b></p> <p><u>PASS</u></p> <p>V.A.            M.P.S.</p> <p>B.R.L.          H.O.T.V.</p> <p>M.J.S.</p> <p><u>FAIL</u></p> <p>+LENS</p>	<p style="text-align: center;"><b>PHORIA CRITERIA</b></p> <p><u>FAIL</u></p> <p style="text-align: center;">ONE OUT</p> <p>FIRST GRADE</p> <p style="text-align: center;">BOTH OUT</p>
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