

HANOVER COMMUNITY SCHOOL CORPORATION

**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

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PRINTED NAME OF DOCTOR

---

---

HANOVER COMMUNITY SCHOOL CORPORATION

**DENTAL EXAMINATION RECORD**

I HAVE EXAMINED THE TEETH OF: \_\_\_\_\_

\_\_\_\_\_  
ALL NECESSARY DENTAL WORK HAS BEEN COMPLETED

\_\_\_\_\_  
TREATMENT IS IN PROGRESS

\_\_\_\_\_  
NO DENTAL WORK IS NECESSARY

\_\_\_\_\_  
OTHER \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF DENTIST

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PRINTED NAME OF DENTIST