

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