

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