



**School-age (6-17 years)
Registration Form**

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| Center Name (no abbreviations): |
| Center Address: |
| Date: |

TO BE COMPLETED BY SCREENERS:

Total Screened: _____

Total Referred: _____

Teachers: Please complete the "Child's Name" to the "Absent" sections before the screening.

| Child's Name (First and Last) | Age | Glasses ✓ if yes | Absent ✓ if yes | Comments (<i>Appearance, Behavior, Complaints</i>): | Distance Vision | | RECHECK | | Refer? |
|-------------------------------|-----|---------------------|--------------------|---|-----------------|----------|-----------|----------|--------|
| | | | | | Right Eye | Left Eye | Right Eye | Left Eye | |
| 1 | | | | | 20/ | 20/ | 20/ | 20/ | |
| 2 | | | | | 20/ | 20/ | 20/ | 20/ | |
| 3 | | | | | 20/ | 20/ | 20/ | 20/ | |
| 4 | | | | | 20/ | 20/ | 20/ | 20/ | |
| 5 | | | | | 20/ | 20/ | 20/ | 20/ | |
| 6 | | | | | 20/ | 20/ | 20/ | 20/ | |
| 7 | | | | | 20/ | 20/ | 20/ | 20/ | |
| 8 | | | | | 20/ | 20/ | 20/ | 20/ | |
| 9 | | | | | 20/ | 20/ | 20/ | 20/ | |
| 10 | | | | | 20/ | 20/ | 20/ | 20/ | |
| 11 | | | | | 20/ | 20/ | 20/ | 20/ | |
| 12 | | | | | 20/ | 20/ | 20/ | 20/ | |
| 13 | | | | | 20/ | 20/ | 20/ | 20/ | |
| 14 | | | | | 20/ | 20/ | 20/ | 20/ | |
| 15 | | | | | 20/ | 20/ | 20/ | 20/ | |
| 16 | | | | | 20/ | 20/ | 20/ | 20/ | |
| 17 | | | | | 20/ | 20/ | 20/ | 20/ | |
| 18 | | | | | 20/ | 20/ | 20/ | 20/ | |
| 19 | | | | | 20/ | 20/ | 20/ | 20/ | |
| 20 | | | | | 20/ | 20/ | 20/ | 20/ | |

SCREENING DIRECTIONS: Children 6 and over need to get at least 3 out of 5 correct on the 20/32 line to pass. If the child does not pass on the first try, move him or her to another line and screen again. REFER the child if he or she does not pass on the second try.