



Center Name (no abbreviations):

Center Address:

Date:

TO BE COMPLETED BY SCREENERS:

Total Screened: _____

Total Referred: _____

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

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.