Prevent Blindness Oklahoma

Vision Screening Recording Form

State office: 6 NE 63rd Street, Ste 150 OKC, OK 73105 405/848-7123
www.preventblindnessok.org

Screener_____Screening Date_____

Agency/District_____

Location _____

Teacher_____Grade_____

Child's Name	Grade	RT	LT	RT	LT	RDE/NV	Comments	Refer
		20	20	20	20			
		20	20	20	20			
		20	20	20	20			
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