



## SCHOOL REPORT OF VISION SCREENING

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
(Please Print)

My child was screened by Prevent Blindness Oklahoma at a health fair for:

Distance Vision \_\_\_\_\_ Near Vision \_\_\_\_\_, and/or Stereopsis \_\_\_\_\_.

Child Passed \_\_\_\_\_ Visual Acuity: Right 20/ Left 20/  
RDE:    /4  
Near Vision: Pass  Fail

Child Received Referral Letter \_\_\_\_\_ Visual Acuity: Right 20/ Left 20/  
RDE:    /4  
Near Vision: Pass  Fail

Screeener's initials: \_\_\_\_\_