

Livingston County Schools
VISION SCREENING

NAME _____ DATE _____
SCHOOL _____
TEACHER _____ GRADE _____
SCREENER _____

I. VISION TESTS (Acuity): (Indicate which eye by using L for Left Eye, R for Right Eye and an X for both eyes)				
		PASS	FAIL	UNTESTABLE
GRADE Preschool – P2: E Cards (3 to 5 trials)		_____	_____	_____
GRADE P3 and ABOVE: E CHART (Snellen)				
20/15		_____	_____	_____
20/20		_____	_____	_____
20/30		_____	_____	_____
20/40		_____	_____	_____
20/50		_____	_____	_____
20/70		_____	_____	_____
20/200		_____	_____	_____

II. TESTS FOR NON-STRAIGHT EYES (Strabismus): (Indicate which eye by using L for Left Eye, R for Right Eye and an X for both eyes)				
		YES	NO	UNTESTABLE
GRADE Preschool and ABOVE				
Cover Test		_____	_____	_____
Pupillary Light reflex		_____	_____	_____
Squinting		_____	_____	_____

III. COMMENTS/SUMMARY:

_____ PASSED _____ FAILED _____ UNTESTABLE

Grades to be mass screened are PRESCHOOL, KINDERGARTEN, P1, P3 and GRADE 5. Other students referred may be selectively screened (only) with parent permission.
(FILE THIS FORM IN THE CHILD'S CUMMULATIVE FOLDER ALONG WITH DOCUMENTATION OF CONTACTS TO PARENT)