

FHCHC-Madison USD 386

REPORT OF VISION SCREENING EXAMINATION

Grade _____ Last _____ First _____

1. Visual acuity: Far Near

	Right/Left			Right/Left
With glasses	_____	Passed ___	Failed ___	_____ Passed ___ Failed ___
Without glasses	_____	Passed ___	Failed ___	_____ Passed ___ Failed ___

Comments:

Tester _____

Date of vision screening _____

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