

Ohio Department of Health Vision Screening Record

School Year

Date	School or program	City
Grade	Teacher	Screener

Student's name	Observation	Distance visual acuity				MB at N		Color vision		Stereopsis		Near Visual Acuity		Referral
		1st		2nd		1st	2nd	1st	2nd	1st	2nd			
		R	L	R	L									

