



LOCATION _____ GRADE _____ ROOM _____

SCREENING TECHNICIAN'S NAME _____ DATE _____

NAME	GRADE OR AGE	PASS	TEST SCORES						COLOR P-F	BINOCULAR TEST						GLASSES	REFERRAL GLASSES/OBSERVATION
			PHORIA		V.A.		+LENS			NEAR			FAR				
			N	F	R	L	R	L		L	B	R	L	B	R		
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RECORDING RESULTS P - IN PASS COLUMN IF ALL TESTS ARE PASSED ✓ - IN APPROPRIATE TEST COLUMN IF FAILURE CRITERIA WAS MET	CRITERIA 4 OR MORE CORRECT PASS V.A. M.P.S. B.R.L. H.O.T.V. M.J.S. FAIL +LENS	PHORIA CRITERIA FAIL ONE OUT FIRST GRADE BOTH OUT
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