



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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<b>RECORDING RESULTS</b> P - IN PASS COLUMN IF ALL TESTS ARE PASSED ✓ - IN APPROPRIATE TEST COLUMN IF FAILURE CRITERIA WAS MET	<b>CRITERIA</b> <b>4 OR MORE CORRECT</b> <b>PASS</b> V.A.      M.P.S. B.R.L.     H.O.T.V. M.J.S. <b>FAIL</b> +LENS	<b>PHORIA CRITERIA</b> <b>FAIL</b> ONE OUT  <b>FIRST GRADE</b> BOTH OUT
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