



Alabama Lions Sight Conservation Association

Vision Screening Record

AlabamaLionsSight
Vision For All

Date: _____

Location: _____

SECTION 1 (To be completed by Adult, Parent or Guardian)

Last Name _____ First Name _____ Male Female DOB _____ Age _____

Phone 1 () _____ Phone 2 () _____

Address _____ Apt # _____ City _____

State _____ Zip _____ County _____

Does the person being screened wear glasses or contacts? yes no Glasses lost or broken?

If yes, please ensure the person is wearing glasses or contacts on date of screening.

Does he/she wear them for: Distance vision Close-up vision Both

Check if you already know the person has serious vision problems or an eye disease.

Has the individual had an eye exam in the past 12 months? yes no

Have you noticed any abnormalities in your/their behavior such as squinting, excessive blinking, head tilting, etc. or have had complaints of nausea, dizziness, headaches, blurred vision, etc.? If yes, please explain:

Do you need financial assistance with eye care? yes no

SECTION 2 (To be completed by Vision Screener)

FIRST VISUAL ACUITY SCREENING: Screener completes

Right Eye: 20/____ Left Eye: 20/____ Passing Line 3-5 years: 20/40
 Not necessary to screen: _____ 6 years +: 20/30
 Unable to screen: _____
 Contacts or glasses worn: _____ Screener: _____

BEHAVIOR: Screener completes

List any behavioral observations such as squinting, excessive blinking, head tilting, etc.

SECOND VISUAL ACUITY SCREENING: Screener completes

Right Eye: 20/____ Left Eye: 20/____ Passing Line 3-5 years: 20/40
 Not necessary to screen: _____ 6 years +: 20/30
 Unable to screen: _____
 Contacts or glasses worn: _____ Screener: _____

FOLLOW UP: Screener completes

Referred to _____ Lions Club?
 _____ Yes _____ No

Letter to parent / guardian mailed: _____ yes

Referred to _____
 Date: _____

MUSCLE BALANCE: Screener completes

First screening: _____ Pass _____ Fail
 Second screening: _____ Pass _____ Fail
 Unable to screen: _____ Screener: _____