

STEREO OPTICAL RECORD FORM FOR THE OPTEC® 1000 VISION TESTER

NAME: _____ DATE: _____
 ADDRESS: _____ AGE: _____
 ADDRESS: _____ WEARING GLASSES: Y N
 ADMINISTRATOR: _____ CONTACT LENSES: Y N

MULTIPLE ACUITY SLIDE (1000-23)

(FOR USE WITH PRE-SCHOOL AND SECONDARY SCHOOL CHILDREN)

	LINE/ACUITY	COLOR	RIGHT EYE TEST - Left occluder OFF		LEFT EYE TEST - Right occluder OFF	
			PASS / FAIL	PASS / FAIL	PASS / FAIL	PASS / FAIL
TEST #1:	20/100		CAR, PHONE, CAKE, HORSE	/	CAR, PHONE, CAKE, HORSE	/
TEST #2:	A 20/50	BLUE	CAKE, HORSE, CAR, PHONE	/	HORSE, CAKE, PHONE, CAR	/
	B 20/40	RED	PHONE, CAKE, HORSE, CAR	/	CAKE, CAR, HORSE, PHONE	/
	C 20/30	YELLOW	HORSE, CAR, PHONE, CAKE	/	PHONE, HORSE, CAR, CAKE	/

(FOR USE WITH SECONDARY SCHOOL CHILDREN)

	ACUITY - FAR	RIGHT EYE: 20/_____	LEFT EYE: 20/_____	BOTH EYES: 20/_____					
TEST #3:				TEST #4:					
	LINE/ACUITY	LEFT EYE	BOTH EYES	RIGHT EYE	LINE/ACUITY	LEFT EYE	BOTH EYES	RIGHT EYE	
1	20/200	Z N	R O	H K	4	20/50	Z R O D	N S C H	V Z K N
2	20/100	R K S	H N C	Z O D	5	20/40	K H S C	O Z N R	D N V C
3	20/70	H C D V	S K Z O	R N D S	6	20/30	O N R Z V	D K H C S	K D S O N
	Both Occluders ON				7	20/20	S D C H N	V R Z K O	H S N R D
						Both Occluders ON			
	ACUITY - FAR	RIGHT EYE: 20/_____	LEFT EYE: 20/_____	BOTH EYES: 20/_____					

ELEMENTARY TEST SLIDE (1000-22)

(FOR USE WITH ELEMENTARY SCHOOL CHILDREN)

RIGHT EYE	20	20	20	20	20	20	20	LEFT EYE	20	20	20	20	20	20	20
PILOT LINE	200	100	70	50	40	30	20	200	100	70	50	40	30	20	
PILOT LINE	E	ε	ε	ε	ε	ε	ε	E	ε	ε	ε	ε	ε	ε	ε
20/50 BLUE	A	ε	ε	ε	ε	ε	ε	A	ε	ε	ε	ε	ε	ε	ε
20/40 RED	B	ε	ε	ε	ε	ε	ε	B	ε	ε	ε	ε	ε	ε	ε
20/30 YELLOW	C	ε	ε	ε	ε	ε	ε	C	ε	ε	ε	ε	ε	ε	ε
20/20 GREEN	D	ε	ε	ε	ε	ε	ε	D	ε	ε	ε	ε	ε	ε	ε

TEST #1-2: ACUITY - FAR POINT **4 OUT OF 6 = PASS** TEST RESULT

RIGHT EYE Left Occluder OFF **20/_____**

LEFT EYE Right Occluder OFF **20/_____**

TEST FOR EXCESSIVE FARSIGHTEDNESS•PLUS LENS•FAR POINT (Insert Plus Lens In Unit) **PASS / FAIL**

LEFT EYE Right Occluder OFF _____

RIGHT EYE Left Occluder OFF _____

(WITHDRAW PLUS LENS FROM UNIT) A READING OF 20/20 LINE THROUGH PLUS LENS = FAIL _____

TEST #3: MUSCLE BALANCE TEST - FAR POINT **PASS / FAIL**

Left Occluder OFF (EXPLAIN SANDBOX) _____

Both Occluders ON (RED BALL IN SANDBOX = PASS) _____

MUSCLE BALANCE TEST - NEAR POINT **PASS / FAIL**

Both Occluders ON _____

TEST #4: COLOR PERCEPTION - FAR **PASS / FAIL**

1-R 2-L 3-B 4-T 5-B 6-L 7-T 8-R _____

ACUITY - FAR **RIGHT EYE: 20/_____** **LEFT EYE: 20/_____** **BOTH EYES: 20/_____**

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SECONDARY TEST SLIDE (1000-21)

(FOR USE WITH SECONDARY SCHOOL CHILDREN AND ADULTS)

TEST #1: ACUITY - FAR RIGHT EYE: 20/____ LEFT EYE: 20/____ BOTH EYES: 20/____

TEST #2: ACUITY - NEAR RIGHT EYE: 20/____ LEFT EYE: 20/____ BOTH EYES: 20/____

LINE/ACUITY	LEFT EYE	BOTH EYES	RIGHT EYE
1 20/200	Z N	R O	H K
2 20/100	R K S	H N C	Z O D
3 20/70	H C D V	S K Z O	R N D S
4 20/50	Z R O D	N S C H	V Z K N
5 20/40	K H S C	O Z N R	D N V C
6 20/30	O N R Z V	D K H C S	K D S O N
7 20/20	S D C H N	V R Z K O	H S N R D

TEST #3: LATERAL PHORIA - NEAR 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15

1 PRISM DIOPTERS ESOPHORIA ORTHO EXOPHORIA

TEST #4: VERTICAL PHORIA - FAR 1 2 3 4 5 6 7

1/2 PRISM DIOPTERS LEFT HYPERPHORIA ORTHO RIGHT HYPERPHORIA

ACUITY - NEAR RIGHT EYE: 20/____ LEFT EYE: 20/____ BOTH EYES: 20/____

**NOTE: For "NEAR" testing, insert -2.5 lens into ancillary lens holder.*



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