STEREO OPTICAL MEDICAL RECORD FORM FOR THE OPTEC® VISION TESTER

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

PRE-SCHOOL TEST

20/20, 20/30, 20/40, 20/50, 20/70, 20/100
(Circle Acuity Level at which You are Testing) Must Read All Pictures Correctly
TO WHICH PICTURE DO THE TABLE LEGS POINT?

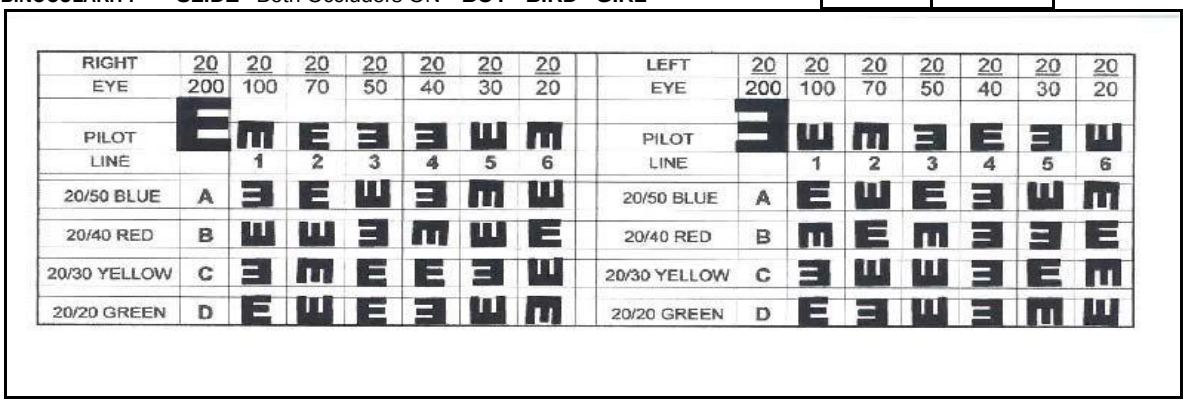
RIGHT EYE TEST - FAR POINT
Left Occluder OFF

		PASS	FAIL
DIAL AT 02:	**BIRD**		
DIAL AT 03:	**RABBIT**		
DIAL AT 04:	**BOY**		

LEFT EYE TEST - FAR POINT
Right Occluder OFF

		PASS	FAIL
DIAL AT 04:	**BOY**		
DIAL AT 03:	**GIRL**		
DIAL AT 02:	**RABBIT**		

DIAL AT 01: **BINOCULARITY** **SLIDE** Both Occluders ON **BOY** **BIRD** **GIRL**



ELEMENTARY GRADE TESTS

			TEST RESULTS	
	ACUITY - FAR POINT	**4** OUT OF **6** = PASS		
DIAL AT 05:	RIGHT EYE	Left Occluder OFF	**20/**	
DIAL AT 05:	LEFT EYE	Right Occluder OFF	**20/**	
	TEST FOR EXCESSIVE FARSIGHTEDNESS•PLUS LENS•FAR POINT (Insert Plus Lens Unit)		PASS	FAIL
DIAL AT 05:	LEFT EYE	Right Occluder OFF		
DIAL AT 05:	RIGHT EYE	Left Occluder OFF		
	(WITHDRAW PLUS LENS UNIT) A READING OF 20/30 OR 20/20 LINE THROUGH PLUS LENS = FAIL			
	MUSCLE BALANCE TEST - FAR POINT		PASS	FAIL
DIAL AT 06:	**(1)** Left Occluder OFF	(EXPLAIN SANDBOX)		
DIAL AT 06:	**(2)** Both Occluders ON	(RED BALL IN SANDBOX = PASS)		
	MUSCLE BALANCE TEST - NEAR POINT		PASS	FAIL
DIAL AT 08:	Both Occluders ON	(RED BALL STILL IN SANDBOX = PASS)		

SECONDARY SCHOOL AND ADULT TEST

			PASS	FAIL
DIAL AT 09:	**ACUITY - FAR**	**RIGHT EYE 20/_____** **LEFT EYE: 20/_____** **BOTH EYES: 20/_____**		
OPTIONAL	A -1 2 B-5 C-2 6 D-6 E-1 6 F-BLANK			
DIAL AT 07:	**COLOR PERCEPTION - FAR**	1-R 2-L 3-B 4-T 5-B 6-L 7-T 8-R		

DIAL AT 10: ***LATERAL PHORIA - FAR*** **1 2 3** 4 5 6 7 **8** 9 10 11 12 **13 14 15**

DIAL AT 11: ***VERTICAL PHORIA - FAR*** ***1 2*** 3 **4** 5 ***6 7***

DIAL AT 12: **ACUITY - NEAR** **RIGHT EYE 20/_____** **LEFT EYE: 20/_____** **BOTH EYES: 20/____**

DIAL AT 09: ***ACUITY - FAR*** **Score: 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

DIAL AT 12: ***ACUITY - NEAR*** **Score: 20/_____**

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

Right Peripheral *85 ° 70 ° 55 °* *NASAL* *45 °*

Left Peripheral *85 ° 70 ° 55 °* *NASAL* *45 °*

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