STEREO OPTICAL INTERNATIONAL VISION TESTER RECORD FORM

CAT. No. 2000-218 P/N 70016

Far Point (20 Ft.) Tests

14" □ other

INTERMEDIATE DISTANCE TEST

TEST DISTANCE		INCHES	20	22	26	31	40
		CM	50	57	66	80	100

Test No.	Target	1	2	3	4	5	6	7	8	9	10	11	12
1	Both Eyes	→	←	↑	←	↓	←	↑	↓	↑	→	↓	→
2	Right	↓	→	←	↓	←	→	←	←	→	↑	→	↑
3	Left	→	↓	→	↓	↑	↓	←	←	→	←	↑	↑
	Snellen	20	20	20	20	20	20	20	20	20	20	20	20
	Equivalents	200	100	70	50	40	35	30	25	22	20	18	17
	Stereo		Top					A		B	C	D E	F G H
4	Depth		3					2		4	3	5 4	2 5 4
5	Color		5		8			56, 58, 68, OR 66				27 OR 22	
6	Vertical Phoria		1		2	3	4	5	6	7		8	9
7	Lateral Phoria	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15

Test No.	Target	1	2	3	4	5	6	7	8	9	10	11	12
8	Both Eyes	↑	↑	→	↑	→	↑	←	↑	→	←	→	↓
9	Right	←	↓	←	→	←	→	↓	↓	↑	↓	→	←
10	Left	↓	←	↓	↓	←	→	→	↑	→	↑	↓	←
11	Lateral Phoria	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
12	Vertical Phoria		1		2	3	4	5	6	7		8	9

Name: _____

Employee Number:_____

Occupation: _____

Department: _____

Date: _____Age: _____

Contact Lenses: Yes ___ No ____

Bifocals _____Trifocals _____

Specials : _____

Last Exam By Doctor: _____

Change Rx: Yes ___ No ____

Tester: _____

Comments: _____

Referred: Yes ___ No ____

Employee Signature:

Perimeter Score

Right Peripheral

85 ° 70 ° 55° Nasal 45°

Left Peripheral

85 ° 70 ° 55° Nasal 45°

STEREO OPTICAL

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