

STEREO OPTICAL INTERNATIONAL VISION TESTER RECORD FORM

CAT. No. 2000-218 P/N 70016

Far Point (20 Ft.) Tests

16" □ 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	<u>20</u>	<u>20</u>	<u>20</u>	<u>20</u>	<u>20</u>	<u>20</u>	<u>20</u>	<u>20</u>	<u>20</u>	<u>20</u>	<u>20</u>	<u>20</u>			
	Equivalents	200	100	70	50	40	35	30	25	22	20	18	17			
4	Stereo Depth	Top		A				B		C D E F G		H				
		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	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		

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°



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