



# 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: \_\_\_\_\_