Ohio Department of Health

Vision Screening Record

School Year

Date	School or program	City
Grade	Teacher	Screener

Student's name	Observation	Distance visual acuity				MB		Color vision		Stereopsis		Near Visual Acuity		Referral
		1st		2nd		at N								
		R	L	R	L	1st	2nd	1st	2nd	1st	2nd	1st	2nd	

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