

WINTON SCHOOL DISTRICT Vision Screening Rechecks

School _____ Grade _____ Teacher _____ Date _____

Name of pupil	Initial Snellen Test						Color Test		Initial Snellen Test						Additional Procedures	Referrals
	With out Glasses			With Glasses			Normal	Defective	With out Glasses			With Glasses				
	R	L	Both	R	L	Both			R	L	Both	R	L	Both		
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1. Since the majority of school children have normal vision, it is recommended that test results be recorded directly on the cumulative health record and that this form include only those children who need follow-up.
2. Plus sphere-hyperopia, muscle balance, and peripheral.