## Illinois Department of Public Health VISION RESCREENING WORKSHEET

OCATION									GRADE	=						_ROOM	
CREENING TECHNICIA	AN'S NAM	1E											D	ATE.			
NAME	GRADE OR AGE		TEST SCORES PHORIA V.A. +LENS						COLOR P-F	BINOCULAR TEST  NEAR FAR						GLASSES	REFERRAL GLASSES/
					R		R		'				L		R	GLAGGLG	OBSERVATION
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3.																	
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	REASON	REASON EXAMINATION RESULTS															
CHILDREN REFERRED	FOR REFERRAL	DIAGNOSIS DATE						TREATMENT					L ACCE		NONE	SPECIAL. ED.	
	NEFERNAL	HEI ENNAL		DIAGNOSIS			DATE		INCA	AT IVILIN I			GLASSES		NONE	SPECIAL. ED.	
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JMMARY 1	2		3				4		5		6		7			COLOR	
ADE (CIRCLE ONE)	ENROLLMENT		NUMBER SCREENED				NUMBER		NUMBER	GLASSES		GLASSES REFERRED			SCREENED	FAILED	
E						RESCREENED		\ED	REFERRED					ED			
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