



SIGHT & HEARING MOBILE SCREENING UNIT
LIONS OF VIRGINIA, DISTRICT 24-A, INC.
Dedicated to Community Service • All Screenings Are Free!!

rev 8/05

Student's Name: _____ Age: _____ Sex: Female Male
 Address: _____ Classroom # _____ Grade _____
 City: _____ State: _____ Zip Code: _____ Tel: (____) _____

PERSONAL DATA & PERMISSION

Do you wear EYEGLASSES? Yes No Do you wear CONTACT LENSES? Yes No
 Date these eyeglasses were issued? _____ Do you have your eyeglasses with you? Yes No
 Are your eyeglasses for reading? Yes No Are your eyeglasses for distance? Yes No

Do you have EAR DRAINAGE? Yes No Do you wear a HEARING AID? Yes No
 How long have you worn a hearing aid? _____

I hereby grant permission for testing by the Lions of District 24-A Sight & Hearing Mobile Screening Van.
 Signature: _____ Date: _____
 (Parent - Guardian)

Hearing Test will be conducted at 20DB & Increased higher if necessary.

	500 Hz	1,000 Hz	2,000 Hz	4,000 Hz	6,000 Hz
RIGHT EAR	/				/
LEFT EAR					

VISUAL ACUITY DISTANCE	RIGHT EYE	LEFT EYE
20/30		
20/40		
20/50		
20/70		
20/100		
OVER 2100		

DEPTH PERCEPTION	N	<input type="checkbox"/>	A/N	<input type="checkbox"/>
COLOR RIGHT	N	<input type="checkbox"/>	A/N	<input type="checkbox"/>
COLOR LEFT	N	<input type="checkbox"/>	A/N	<input type="checkbox"/>
PHORIA I **	N	<input type="checkbox"/>	A/N	<input type="checkbox"/>
PHORIA II **	N	<input type="checkbox"/>	A/N	<input type="checkbox"/>

VISUAL ACUITY NEAR	RIGHT EYE	LEFT EYE
14/21		
14/28		
OVER 1428		

RIGHT PERIPHERAL 85%	N	<input type="checkbox"/>	A/N	<input type="checkbox"/>
LEFT PERIPHERAL 85%	N	<input type="checkbox"/>	A/N	<input type="checkbox"/>

GLAUCOMA

RIGHT	LEFT

SCHOOL USE ONLY

BLOOD PRESSURE READING:
 Pulse: _____
 Systolic (High): _____
 Diastolic (Low): _____
 Height: _____
 Weight: _____
 S c o l i o -
 sis _____

Hearing	N	AN	R
Vision	N	AN	R
Glaucoma	N	R	

**WAS PHORIA I & II
 READ BACKWARDS?
 Yes No

PRE-SCHOOL TEST
 20/30, 20/40, 20/50, 20/70, 20/100
 (Circle Acuity Level at Which You are Testing)
 Must Read All Pictures Correctly

TO WHICH PICTURE DO THE TABLE LEGS POINT

LENS LEVER AT FAR		RIGHT EYE TEST	LEFT EYE TEST		
		Left Switch at "OFF"	Right Switch at "OFF"		
		N	A/N	N	A/N
DIAL AT #2	BIRD			DIAL AT #4	BOY
DIAL AT #3	RABBIT			DIAL AT #3	GIRL
DIAL AT #4	BOY			DIAL AT #2	RABBIT
DIAL AT #1	BINOCULARITY SLIDE			BOTH SWITCHES "ON"	Ξ ∩ E