MARION COUNTY PUBLIC HEALTH DEPARTMENT
Prevent. Promote. Protect.

MARION COUNTY PUBLIC HEALTH DEPARTMENT
COMMUNITY-BASED CARE

VISION SCREENING CLASS ROSTER

SCHOOL:_____TEACHER_____Screener_____

GRADE:_____ ROOM:_____ DATE:_____

	INITIAL SCREEN (far)		INITIAL SCREEN(near)			
NAME	R	L	R	L	COMMENTS	REC
1.	20	20	20	20	☐ With glasses/contacts	
2.	20	20	20	20	☐ With glasses/contacts	
3.	20	20	20	20	☐ With glasses/contacts	
4.	20	20	20	20	☐ With glasses/contacts	
5.	20	20	20	20	☐ With glasses/contacts	
6.	20	20	20	20	☐ With glasses/contacts	
7.	20	20	20	20	☐ With glasses/contacts	
8.	20	20	20	20	☐ With glasses/contacts	
9.	20	20	20	20	☐ With glasses/contacts	
10.	20	20	20	20	☐ With glasses/contacts	
11.	20	20	20	20	☐ With glasses/contacts	
12.	20	20	20	20	☐ With glasses/contacts	
13.	20	20	20	20	☐ With glasses/contacts	
14.	20	20	20	20	☐ With glasses/contacts	
15.	20	20	20	20	☐ With glasses/contacts	
16.	20	20	20	20	☐ With glasses/contacts	
17.	20	20	20	20	☐ With glasses/contacts	
18.	20	20	20	20	☐ With glasses/contacts	
19.	20	20	20	20	☐ With glasses/contacts	
20.	20	20	20	20	☐ With glasses/contacts	

TOTALS: Initial Screen [ ] Referrals [ ]