



## VISUAL FUNCTIONS SCREENING (VF)

Name \_\_\_\_\_ Date \_\_\_\_\_  
 Address \_\_\_\_\_  
 Phone \_\_\_\_\_ E-Mail \_\_\_\_\_

### How is your vision?

Screening	# Correct	Challenge	Strength
<b>Distance Acuity</b> <b>ш м ш E м Э ш E</b> <i>Right Eye</i> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <b>ш м ш E м Э ш E</b> <i>Left Eye</i> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	<input type="checkbox"/>	0--6 <input type="checkbox"/>	7--8 <input type="checkbox"/>
<b>Plus Lens</b> <b>ш м ш E м Э ш E</b> <i>Right Eye</i> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <b>ш м ш E м Э ш E</b> <i>Left Eye</i> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	<input type="checkbox"/>	0--6 <input type="checkbox"/>	7--8 <input type="checkbox"/>
<b>Near Acuity</b> <b>8 3 7 2 1    6 4 3 1 5</b> <i>Right Eye</i> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <b>7 9 8 4 1    6 3 2 5 4</b> <i>Left Eye</i> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/> <small>Check if stereoscope screenings are being administered with colored filter</small> 0--8 <input type="checkbox"/>	9--10 <input type="checkbox"/>
<b>Binocularity</b> <b>6 9 7 3 2    4 8 5 2 6</b> <i>Both Eyes</i> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <i>Score only responses with circles</i> <b>1 3 7 4 9    5 6 2 8 3</b> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	<input type="checkbox"/>	0--6 <input type="checkbox"/>	7--8 <input type="checkbox"/>

Fold and tear along dotted line.

### PowerPath Visual Functions Referral Form

Date \_\_\_/\_\_\_/\_\_\_

(Print name) \_\_\_\_\_ participated in a visual screening.  
 Challenges were noted in the following areas:

<b>Distance Acuity</b>	Right Eye <input type="checkbox"/>	Left Eye <input type="checkbox"/>
<b>Plus Lens</b>	Right Eye <input type="checkbox"/>	Left Eye <input type="checkbox"/>

<b>Near Acuity</b>	Right Eye <input type="checkbox"/>	Left Eye <input type="checkbox"/>
<b>Binocularity</b>	Both Eyes <input type="checkbox"/>	

#### NOTE TO VISION SPECIALIST:

- If Binocularity has been noted as a challenge, please test for:
- Alignment
  - Near point convergence
  - Suppression
  - Saccadic eye movements

If you have any questions about this screening, please contact:

\_\_\_\_\_

Signed \_\_\_\_\_

