

Return to: Infant and Child Health Services  
 School Health Office  
 2 Peachtree Street, Suite 11.272  
 Atlanta, Georgia 30303  
 (404) 679-0533

## VISION SCREENING ANNUAL REPORT

**July 1, \_\_\_\_\_ to June 30, \_\_\_\_\_**

1 Grade Age	2 Enrollment	3 Number Screened	4 Number Rescreened	5 Number of Referrals	Follow-up Results	School Age	Pre-School
0-2					Total Number of Completed Referrals		
3					Total Number of Referrals Not Completed		
4					DIAGNOSIS		
5					Total Number of Children Found to Have:		
K					A. Refractive Errors		
1					1. Myopia		
2					2. Hyperopia		
3					3. Astigmatism		
4					4. Other		
5					B. Muscle Balance		
6					C. Amblyopia		
7					D. Pathology		
8					E. Combination of Findings		
9					F. Normal		
10					<b>TOTAL</b>		
11					School	Phone	
12					School District		
Sp. Ed.					Address	County	
<b>TOTAL</b>					City	Zip Code	
Office Use Only	%	%	%	%	Submitted by:	Date:	

NUMBER REFERRED TO SPECIAL EDUCATION \_\_\_\_\_ COLOR \_\_\_\_\_

Photovision Screener  \_\_\_\_\_ Screened \_\_\_\_\_ Failed \_\_\_\_\_

SCREENED DEVICE: STEREOPTIC VISION SCREENER  SNELLEN WALL CHART  OTHER

First Screening By:		Second Screening By:	
School Nurse	<input type="checkbox"/>		<input type="checkbox"/>
Public School Nurse	<input type="checkbox"/>		<input type="checkbox"/>
Volunteers	<input type="checkbox"/>		<input type="checkbox"/>
Other	<input type="checkbox"/> _____		<input type="checkbox"/> _____