INFANT VISION SCREENING

OR Project

Name: _____

Date: _____

1. Abnormal position of head/body: supine Y N prone Y N sitting Y N 2. Deviation of gaze (eyes "locked"): supine Y N prone Y N sitting Y N	Positioning for best use of vision:
3. Appearance of eyes:	
4. Blink reflexes: to light Y N to movement Y N to air Y N to sound Y N	Comments:
5. Response to light: natural sunlight Y N room illumination Y N large mirror Y N small mirror Y N large flashlight Y N small penlight Y N 6. Eyes dialate/constrict normally to dark/light Y N 7. Light reflection on pupils centered Y N 8. Engages in self-stimulation using light Y N	General reactions to light:

INFANT VISION SCREENING, continued:

9. Fixates on objects:

OBJECT	FIELD	DISTANCE	FIXATES

10. Orients to faces:
    smiles at familiar faces without voice Y N
    makes eye contact for several seconds Y N

11. Problems with fixation:
    only in limited fields Y N
    uses only one eye Y N
    nystagmus observed Y N
    other:

12. Tracks moving objects:

OBJECT	DIRECTION	DISTANCE			
		0-45 °	45-90 °	90-135 °	135-180 °

13. Tracks moving objects:
    Horizontally while ..... supine Y N ..... sitting Y N
    Vertically while ..... supine Y N ..... sitting Y N

14. Tracks with ..... eyes alone Y N ..... head movement Y N

15. Eyes move ..... smoothly Y N ..... together Y N

16. Crosses midline without break Y N

17. Comments on tracking: