PEDIATRIC VISION SCREENING

RECORDING FORM

CHILD'S NAME_____ BIRTHDATE_____
SCREENING AGENCY_____ SCREENING DATE_____
AGENCY ADDRESS_____ AGENCY PHONE_____
_____ SCREENED BY_____
PREMATURE?: ____YES ____NO, IF SO, ADJUSTED AGE:_____
ON MEDICATIONS?: ____YES ___NO, IS THE CHILD SEIZURE PRONE?: ___YES ___NO
HAS PARENT BEEN TOLD CHILD HAS VISION PROBLEM?: ___YES ___NO
IF SO, DIAGNOSIS & TREATMENT:

APPEARANCE OF EYES & FIXATION

LOOKS AT:__LIGHT __FACES __TOYS, AVOIDS LIGHT/FIXATION: __YES__NO
DISTANCE STOPS LOOKING AT TOY_____
POSITION OF EYES LOOK UNUSUAL: ___NO ___YES (May be some eye turn 1st mos)
CONCERN: ___YES ___NO, DESCRIBE:

FOLLOW MOVING TOY

WATCH TOY MOVE FROM SIDE TO SIDE (pursuits): ___YES ___NO (by 1 mo.)
WATCH TOY MOVE UP AND DOWN (pursuits): ___YES ___NO (by 3 mo.)
EYES ABLE TO GET INTO EXTREME POINTS OF GAZE: ___YES ___NO
WATCH TOY AS IT MOVES TO 3" FROM CHILD'S NOSE WITH SMOOTH & EQUAL INWARD EYE MOVEMENTS (convergence): ___YES ___NO (by 6 mos.)
CONCERN: ___YES ___NO, DESCRIBE:

SHIFT OF GAZE

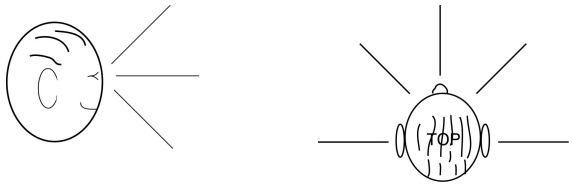
LOOKS FROM ONE TOY/LIGHT TO ANOTHER: ___YES ___NO (slow until 3 mos.)
SHIFTS GAZE ACROSS MIDLINE: ___YES ___NO (by 3-6 mos.)
CONCERN: ___YES ___NO, DESCRIBE:

ACUITY

R. EYE: SMALLEST BALL: __.5cm __**1"** __**1½"** __**4"** FURTHEST DISTANCE:____
L. EYE: SMALLEST BALL: __.5cm __**1"** __**1½"** __**4"** FURTHEST DISTANCE:____
AT 22" LAST **GRATING** FIXATED AT: __RIGHT ___LEFT __BOTH (4-16cpd by 18 mos)
AT 16" SMALLEST **SYMBOL** NAMED:__RIGHT __LEFT __BOTH (1M 20/50) (.63M 20/32)
AT 10' child passed 20/40 line (3/5 right) __RIGHT __LEFT ___BOTH(20/40 up to 5 yrs)
CONCERN: ___YES ___NO, DESCRIBE:

PERIPHERAL RESPONSE TO TOYS

TURN TO TOY WHEN PRESENTED FROM EACH SIDE & TOP & BOTTOM: (by 6 mos.)
Place an X at point child turns to toy:
CONCERN: ___YES ___NO, DESCRIBE:



PUPIL REACTIONS TO LIGHT

PUPILS CHANGE SIZE EQUALLY WHEN LIGHTS GO UP OR DOWN: __YES __NO
PUPILS RESPONDED: DIRECT: ___YES ___NO, CONSENSUAL: __YES __NO
CONCERN: ___YES ___NO, DESCRIBE:

SUMMARY

Check all areas of concern; these areas suggest possible vision problems.

___APPEARANCE/FIXATION ___FOLLOWING MOVING TOY:___convergence
___SHIFT OF GAZE ___ACUITY: _____near _____distance
___PERIPHERAL RESPONSES ___PUPIL REACTION
SUMMARY: