

MEDICAL RECORD -- SUPPLEMENTAL MEDICAL DATA

For use of this form, see AR 40-400; the proponent agency is the Office of the Surgeon General.

REPORT TITLE SIGHT SCREENER II RECORD FORM (Standard Targets)	OTSG APPROVED (Date) 17 January 1995
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Job Title or Description: _____ Dept: _____ Bldg Nr.: _____

Glasses: No (Yes Always Sometimes Distance Only Reading Bifocals)

1. Have you ever been examined by a vision specialist? No Yes If "Yes", how long since last exam? _____
2. If glasses are worn, how long have you used present pair? _____
3. If examination date and age of glasses differ, give reason: _____
4. Do you have any difficulty with your eyes? No Yes If "Yes", what kind of difficulties? _____

FAR VISION TESTS -- Switch to "FAR" on Control

	UNACCEPTABLE	ACCEPTABLE (1) See Standards Guide																								
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26" VISION TEST -- Insert Special Lens Plunger (2)

		(One Miss Allowed Per Line)																								
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(Continue on reverse)

PREPARED BY (Signature & Title)	DEPARTMENT/SERVICE/CLINIC	DATE
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PATIENT'S IDENTIFICATION (For typed or written entries give: Name--last, first, middle; grade; date; hospital or medical facility)

- HISTORY/PHYSICAL FLOW CHART
- OTHER EXAMINATION OR EVALUATION OTHER (Specify)
- DIAGNOSTIC STUDIES
- TREATMENT

FAR VISION TESTS Continued from Front Page -- Release Special Lens Plunger

PHORIA Red - Lateral	ESO	0	1	2	3	4	5	6	7	8	9	EXO
Green - Vertical	RIGHT H.	0	1	2	3	4	5	6	7	8	9	LEFT H.
	ORTHO											
FUSION⁽³⁾	Four Balls				Four then Three				Three Balls			
STEREOPSIS	Box Heart Cross				Star				Cross			
COLOR Severe (Red/Green) 79 23	None Correct				One Correct				Two Correct			
COLOR Mild (Blue/Violet) 92 56	None Correct				One Correct				Two Correct			
HORIZONTAL FIELD TESTS ⁽⁴⁾	LEFT SIDE				RIGHT SIDE							
	<input type="checkbox"/>											
	85°	70°	55°	NASAL	NASAL	55°	70°	85°				

NEAR VISION TESTS -- Switch to "NEAR" on Control

TEST DESCRIPTION AND KEY (Corresponds to Remote Control Key)			UNACCEPTABLE	ACCEPTABLE ⁽¹⁾ See Standards Guide									
N-1	RIGHT EYE: ACUITY				<i>(One Miss Allowed Per Line)</i>								
	A	B	C	20/200 = 5	20/70 = 9574								
	1. 20 = 547638	25 = 428576	30 = 943852	20/100 = 92	20/60 = 7236								
N-2	LEFT EYE: ACUITY				<i>(One Miss Allowed Per Line)</i>								
	A	B	C	20/200 = 3	20/70 = 8453								
	1. 20 = 745932	25 = 578236	30 = 346752	20/100 = 85	20/60 = 6254								
N-3	BOTH EYES: ACUITY				<i>(One Miss Allowed Per Line)</i>								
	A	B	C	20/200 = 9	20/70 = 2978								
	1. 20 = 857432	25 = 674235	30 = 382457	20/100 = 43	20/60 = 8927								
N-4	PHORIA Red - Lateral	ESO	0	1	2	3	4	5	6	7	8	9	EXO
	Green - Vertical	RIGHT H.	0	1	2	3	4	5	6	7	8	9	LEFT H.
N-5	FUSION ⁽³⁾	Four Balls				Four then Three				Three Balls			
N-6	STEREOPSIS	Box Heart Cross				Star				Cross			

- (1) See visual standards guide for recommended minimum visual standards for general job categories. Page 12 in Instruction Manual.
- (2) 26" distance test is useful when evaluating operators of visual display terminals (computers, word processors, etc.). Use visual standards recommended for Group 1, Page 12 in Instruction Manual.
- (3) A Fusion Test indicates a potential imbalance in eye positioning muscles. If both the lateral phoria test and fusion test are failed, a professional eye examination is recommended.
- (4) Horizontal field: If the subject cannot recognize the L.E.D. target to 70 degrees on both sides, refer for professional consultation if job safety requires good peripheral vision.

Referred Yes No by _____ Notified Examined

Rechecked