



# Vision Screening Recording Form

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[www.vizavance.org](http://www.vizavance.org)

Screener _____	Screening Date _____
Agency/District _____	
Location _____	
Teacher _____	Grade _____

**RESCREEN**

AB/ US	Child's Name	Grade or Birthdate mm/dd/yy	RT	LT	RT	LT	Photo P or R	RDE/NV	Comments	Refer
1			20	20	20	20				
2			20	20	20	20				
3			20	20	20	20				
4			20	20	20	20				
5			20	20	20	20				
6			20	20	20	20				
7			20	20	20	20				
8			20	20	20	20				
9			20	20	20	20				
10			20	20	20	20				
11			20	20	20	20				
12			20	20	20	20				
13			20	20	20	20				
14			20	20	20	20				
15			20	20	20	20				
16			20	20	20	20				
17			20	20	20	20				
18			20	20	20	20				
19			20	20	20	20				
20			20	20	20	20				