

# Vision Screening Assessment Form

**PHU Use Only**

Client's Name:

Screening Date:

Screening Location:

**HOTV:**

OD 20/

Screened by:

OS 20/

Notes:

Pass ☐Unable/Refuse ☐Refer ☐
**Randot:**

arcsec

Screened by:

Notes:

Pass ☐Unable/Refuse ☐Refer ☐
**Autorefractor:**
Child is wearing glasses?  
N/A)Yes ☐

or

No ☐

(If Yes, autorefractor screening is

S.E.

Sphere

Cylinder

OD

OS

Circle reason(s) for Refer

Screened by:

Notes:

Pass ☐Unable/Refuse ☐Refer ☐N/A ☐
**Overall Result**
Pass ☐Refer ☐Automatic Referral ☐
**Screening Coordinator:**