



SIGHT & HEARING MOBILE SCREENING UNIT
 LION'S OF VIRGINIA, DISTRICT 24-A, INC.
*Dedicated to Community Service – **All Screenings Are Free!!***

Student's Name: _____ Age: _____ Sex: M F
 Address: _____ Grade: _____
 City: _____ State: _____ ZipCode: _____ Tel: _____

PERSONAL DATA & PERMISSION

Do you wear EYEGLASSES? **Yes No** Do you wear CONTACT LENSES? **Yes No**
 Date eyeglasses issued: _____
 Are your eyeglasses for reading? **Yes No** Do you have your eyeglasses with you? **Yes No**
 Do you have ear drainage? **Yes No** Do you wear a hearing aid? **Yes No**
 How long have you worn a hearing aide? _____

I hereby grant permission for testing by the Lions of District 24-A Sight & Hearing Mobile Screening Van

Signature: _____ Date: _____

(Parent – Guardian)

Hearing Test will conducted at 20DB & increased higher if necessary.

	500 Hz	1,000 Hz	2,000 Hz	4,000 Hz	6,000 Hz
Right Ear					
Left Ear					

Glaucoma	
Right	Left

Visual Acuity Distance	Right Eye	Left Eye
20/30		
20/40		
20/50		
20/70		
20/100		
Over 2100		
Depth Perception	N	A/N
Color Right	N	A/N
Color Left	N	A/N
Phoria I **	N	A/N
Phoria II **	N	A/N
Visual Acuity	Right Eye	Left Eye
14/21		
14/28		
Over 14/28		
Left Peripheral 85%	N	A/N
Right Peripheral 85%	N	A/N

Hearing	N	AN	R
Vision	N	AN	R
Glaucoma	N		R

** Was Phoria I & II read backwards?
 Yes No

Pre School Test – 20/30,20/40,20/50,20/70,20/100 Circle acuity level you are testing – must read all pictures correctly					
Lens are far left			To which picture do the table legs point?		
Right Eye Test – left switch at "off"	N	A/N	Left Eye Test – right switch at "off"	N	A/N
Dial at #2 Bird			Dial at #4 Boy		
Dial at #3 Rabbit			Dial at #3 Girl		
Dial at #4 Boy			Dial at #2 Rabbit		
Dial at #1 Binocularity Slide			Both switches "on" ☺ ☹ ☹		