|  |  |  |  |
| --- | --- | --- | --- |
| **Vision Exam** | | | |
| **Participant ID** | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| **Name of Assessor** | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*(free type)* | |
| **Name of Data Clerk** | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*(free type)* | |
| **Date of assessment** | | \_\_\_\_\_\_ (day – *2 digits*) \_\_\_\_\_\_ (month – *2 digits*) \_\_\_\_\_\_\_\_\_\_ (year – *4 digits*) | |
|  | | | |
| **External Exam** | 🞏 Normal  🞏 Normal | | 🞏Abnormal (please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*(free type)*  🞏Abnormal (please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*(free type)* |
| **Assessment of**  **Fixation** |
| **Ocular Motility Assessment** | 🞏 Normal | | 🞏Abnormal (please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*(free type)* |
| **Visual Fields** | 🞏 Normal | | 🞏Abnormal (please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*(free type)* |
| **Pupil Exam** | 🞏 Normal | | 🞏Abnormal (please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*(free type)* |
| **Dilated Eye Exam** | 🞏 Normal | | 🞏Abnormal (please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*(free type)* |
| **Refraction** | 🞏 Normal | | 🞏Abnormal (please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*(free type)* |
| **Indirect Ophthalmoscopy of Retina and Optic Nerve (i.e. Fundus Exam)** | 🞏 Normal | | 🞏Abnormal (please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*(free type)* |
| ***If Applicable:*** |  | |  |
| Other Exam  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  *[Exam Type – free type]* | 🞏 Normal | | 🞏Abnormal (please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*(free type)* |
| Other Exam  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  *[Exam Type – free type]* | 🞏 Normal | | 🞏Abnormal (please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*(free type)* |