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| **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)* |