

| 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 | <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal (please specify): _____ (free type) |
| Assessment of Fixation | <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal (please specify): _____ (free type) |
| Ocular Motility Assessment | |
| | <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal (please specify): _____ (free type) |
| Visual Fields | <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal (please specify): _____ (free type) |
| Pupil Exam | <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal (please specify): _____ (free type) |
| Dilated Eye Exam | <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal (please specify): _____ (free type) |
| Refraction | <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal (please specify): _____ (free type) |
| Indirect Ophthalmoscopy of Retina and Optic Nerve (i.e. Fundus Exam) | <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal (please specify): _____ (free type) |
| If Applicable: | |
| Other Exam | |
| _____ | <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal (please specify): _____ (free type) |
| [Exam Type - free type] | |
| Other Exam | |
| _____ | <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal (please specify): _____ (free type) |
| [Exam Type - free type] | |