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

Student's Name:_____ Age: _____ Sex: ☐ Female ☐ Male

Address: _____ Classroom #_____ Grade_____

City: _____ State: _____ Zip Code: _____ Tel: (___) _____

PERSONAL DATA & PERMISSION

Do you wear EYEGLASSES? ☐ Yes ☐ No
Date these eyeglasses were issued? _____
Are your eyeglasses for reading? ☐ Yes ☐ No

Do you wear CONTACT LENSES? ☐ Yes ☐ No
Do you have your eyeglasses with you? ☐ Yes ☐ No
Are your eyeglasses for distance? ☐ Yes ☐ No

Do you have EAR DRAINAGE? ☐ Yes ☐ No
How long have you worn a hearing aid? _____

Do you wear a HEARING AID? ☐ Yes ☐ No

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 be 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					

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 NEAR	RIGHT EYE	LEFT EYE
14/21		
14/28		
OVER 1428		

LEFT PERIPHERAL 85%	N		A/N	
LEFT PERIPHERAL 85%	N		A/N	

GLAUCOMA

RIGHT	LEFT

SCHOOL USE ONLY

BLOOD PRESSURE READING:

Pulse: _____
Systolic (High): _____
Diastolic (Low): _____
Height: _____
Weight _____
Scoliosis _____

**WAS PHORIA I & II READ BACKWARDS?
☐ Yes ☐ No

	N	AN	R
Hearing			
Vision			

	N	R
Glaucoma		

PRE-SCHOOL TEST
20/30, 20/40, 20/50, 20/70, 20/100
(Circle Acuity Level at Which You are Testing)
Must Read All Pictures Correctly

LENS LEVER AT FAR — 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"	∃ ш E		