

Vision Screening Worksheet

Child's Name: _____ DOB: _____ Age (years and months): _____

Date of Initial Screening: _____ Name of Initial Screener: _____

Date of Re-Screening: _____ Name of Re-Screener: _____

Complete the following screenings and document the results.

Screening procedures to be completed by screeners with recommended training. (Circle PASS or Rescreen for each procedure, as indicated).

Screening Procedure	PASS	Rescreen
Vision History and Risk Assessment (Post newborn through 5 years)	PASS	Rescreen
External Inspection and Observation (Post newborn through 20 years)	PASS	Rescreen
Binocular Fix and Follow (4 months through 3 years)	PASS	Rescreen
Corneal Light Reflex (post newborn through 20 years)	PASS	Rescreen
Unilateral Cover Test – At Near (6 months through 20 years)	PASS	Rescreen
Unilateral Cover Test – At Distance (3 years through 20 years)	PASS	Rescreen
Monocular Visual Acuity – Distance visual acuity screening using LEA SYMBOLS® or HOTV Charts (3 years through 5 years)	PASS	Rescreen
Monocular Visual Acuity – Distance visual acuity screening using LEA SYMBOLS® or HOTV Flip Charts (3 years through 5 years)	PASS	Rescreen
Monocular Visual Acuity – Distance visual acuity screening using Sloan Letters (6 years and older)	PASS	Rescreen
Color Vision Deficiency (Kindergarten males)	PASS	Rescreen

Screening procedure to be completed by medically trained professionals (Circle PASS or Rescreen for each test, as indicated).

Screening Procedure	PASS	Rescreen
Pupillary Light Response (Post newborn through 20 years)	PASS	Rescreen
Retinal (Red Light) Reflex (Post newborn through 20 years)	PASS	Rescreen

Visual Acuity Screen (Write in results and circle PASS or Rescreen, as indicated)

Right Eye	Left Eye	Chart	PASS	Rescreen
10/ 20/	10/ 20/		PASS	Rescreen

Plus Lens (Perform only if Visual Acuity Screen passed and child does not wear corrective lenses) (Circle PASS or Rescreen, as indicated).

Screening Procedure	PASS	Rescreen
Plus Lens (5 years and older)	PASS	Rescreen

Optional Test (circle PASS or Rescreen, as indicated)

Screening Procedure	PASS	Rescreen
Stereopsis Test (3 years through 8 years)	PASS	Rescreen

VISION SCREENING WORKSHEET

If a rescreen is performed for any of the above screenings, document results in tables below.

Screening procedures to be completed by screeners with recommended training. (Circle PASS or Rescreen for each procedure, as indicated)

Screening Procedure	PASS	Rescreen
Vision History and Risk Assessment (Post newborn through 5 years)	PASS	Rescreen
External Inspection and Observation (Post newborn through 20 years)	PASS	Rescreen
Binocular Fix and Follow (4 months through 3 years)	PASS	Rescreen
Corneal Light Reflex (post newborn through 20 years)	PASS	Rescreen
Unilateral Cover Test – At Near (6 months through 20 years)	PASS	Rescreen
Unilateral Cover Test – At Distance (3 years through 20 years)	PASS	Rescreen
Monocular Visual Acuity – Distance visual acuity screening using LEA SYMBOLS® or HOTV Charts (3 years through 5 years)	PASS	Rescreen
Monocular Visual Acuity – Distance visual acuity screening using LEA SYMBOLS® or HOTV Flip Charts (3 years through 5 years)	PASS	Rescreen
Monocular Visual Acuity – Distance visual acuity screening using Sloan Letters (6 years and older)	PASS	Rescreen
Color Vision Deficiency (Kindergarten males)	PASS	Rescreen

Screening procedure to be completed by medically trained professionals (Circle PASS or Rescreen for each test, as indicated).

Screening Procedure	PASS	Rescreen
Pupillary Light Response (Post newborn through 20 years)	PASS	Rescreen
Retinal (Red Light) Reflex (Post newborn through 20 years)	PASS	Rescreen

Visual Acuity Screen (Write in results and circle PASS or Rescreen, as indicated)

Right Eye	Left Eye	Chart	PASS	Rescreen
10/ 20/	10/ 20/		PASS	Rescreen

Plus Lens (Perform only if Visual Acuity Screen passed and child does not wear corrective lenses) (Circle PASS or Rescreen, as indicated).

Screening Procedure	PASS	Rescreen
Plus Lens (5 years and older)	PASS	Rescreen

Additional Questions (circle Yes or No, as indicated)

Questions	Initial Screening	Re-Screening
Do you question the validity of any of the tests today?	Yes/No	Yes/No
Is the behavior today typical for this child?	Yes/No	Yes/No

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 To obtain this information in a different format, call:
 651-201-3650.