OAKLAND COUNTY HEALTH DIVISION VISION SCREENING CLASSROOM LIST

| SCHOOL | | | | GRAD | GRADE | | ROOM ENROLLMENT | | | |
|---------|-----|----|-----------|-----------|---------|---------|-----------------|-----|--------|--|
| TEACHEF | ۹ | | | TECH | INICIAN | | | | | |
| | | PF | RELIMINAR | Y SCREENI | ING | RETESTS | | | | |
| DATE | | Е | | | ABSUTS | P | FR | FNR | AFRUTS | |
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| | 1. | | | | | 17. | | | | |
| | 2. | | | | | 18. | | | | |
| | 3. | | | | | 19. | | | | |
| | 4. | | | | | 20. | | | | |
| | 5. | | | | | 21. | | | | |
| | 6. | | | | | 22. | | | | |
| | | | | | | 23. | | | | |
| | 7. | | | | | | | | | |
| | 8. | | | | | 24. | | | | |
| | 9. | | | | | 25. | | | | |
| | 10. | | | | | 26. | | | | |
| | 11. | | | | | 27. | | | | |
| | 12. | | | | | 28. | | | | |
| | 13. | | | | | 29. | | | | |
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| | 14. | | | | | 30. | | | | |
| | 15. | | | | | 31. | | | | |
| | 16. | | | | | 32. | | | | |

Interpretation Key:

OK = Passed screening or is under care

RED LINE = Did not pass

ABS = Absent

✓= Glasses worn for screening

UTS = Unable to screen

****** = Seat at front of classroom until child sees eye doctor

GNW = Glasses not worn

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