



DISTRICT 33-A LIONS SIGHTMOBILE, INC.  
FREE Schools HEALTH SCREENING



Please Print

Lions club sponsoring screening: \_\_\_\_\_ Date: \_\_\_\_\_ Number: \_\_\_\_\_

School \_\_\_\_\_ Address: \_\_\_\_\_

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Male \_\_\_ Female \_\_\_ Age \_\_\_\_\_

**Hearing**

**Vision**

	dB	1000 Hz	2000 Hz	4000 Hz	notes
Right Ear	20				
	25				
Left Ear	20				
	25				

SPOT – Pass ___ Refer _____
Stereopsis – Pass ___ Refer _____
Pass 1 Smile Test at 16 inches (4 out of 5 times – Both Eyes)

**Distance (circle chart used) LEA 10 ft. SLOAN 10 ft Massachusetts Sight Line Flipbook 10 ft**

**For grades K-12, passing is 20/32, age 3 20/50, age 4 20/40**

Distance Vision on Right \_\_\_\_\_ Pass/Refer Distance Vision on Left \_\_\_\_\_ Pass/Refer

**Near – (Circle Card Used) LEA Card (16 inches) Sloan Card (16 inches)**

**For grades K-12, passing is 20/32, age 3 20/50, age 4 20/40 – mandated for PreK – 3**

Near Vision – Both Eyes \_\_\_\_\_ Pass/Refer



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