Firstname	Lastname	HAS ID _____ _____ _____ _____ _____

Date	O Male O Female	DoB	Age (years) O Not sure
Event	Location	O Athlete O Unified partner	Sport
Delegation		SO Program	

Special Olympics
Lions Clubs International
Opening Eyes®

History

When was your last eye exam?
O Less than 1 year
O 1-3 years
O More than 3 years
O Never
O Unknown

Do you experience any of the following
☐ Difficulty seeing: ☐ Far ☐ Near
☐ Headaches
☐ Sensitivity to light
☐ Double vision: ☐ Far ☐ Near

Do you wear corrective lenses (glasses or contacts)? O No O Yes
☐ Standard Rx ☐ Sports Rx ☐ Contact lenses
☐ Full time ☐ Near only ☐ Far only O Soft O Hard

Please check what is worn during screening: O Without Glasses O With Glasses O With contact lenses

Current prescription

	Sphere	Cylinder	Axis	Add
Right Eye				
Left Eye				

Visual Acuity FAR

	Right Eye 20 /____ ☐ *Unable to test*		**Left Eye** 20 /____ ☐ *Unable to test*	
	O Walk up	O Light projection/Light perception	O Walk up	O Light projection/Light perception
		O No light perception		O No light perception
	Other:		Other:	

NEAR **Both Eyes** 20 /____ ☐ *Unable to test*

O Lea	O Light projection/Light perception	O No light perception	Other:

Cover Test FAR ☐ *Unable to test*
☐ orthophoria
O phoria range 02-99 ___ O eso O exo O hyper
O trope range 02-99 ___ O eso O exo O hyper
O hyper/eso O hyper/exo
O Constant O Intermittent

O Latent Nystagmus

NEAR ☐ *Unable to test*
☐ orthophoria
O phoria range 02-99 ___ O eso O exo O hyper
O trope range 02-99 ___ O eso O exo O hyper
O hyper/eso O hyper/exo
O Constant O Intermittent

Color Vision ☐ *Unable to test* Trial 1 _ / 9 If less than 8/9 Trial 2 __ / 9 **Stereopsis** ☐ *Unable to test* __ / 6

Autorefraction

	Sphere	Cylinder	Axis
☐ *Unable to test* Right Eye			
☐ *Unable to test* Left Eye			

Eye Health External

	Right Eye ☐ *Unable to test*			**Left Eye** ☐ *Unable to test*		
	☐Normal	☐Lid anomaly	☐Pterigium/pinguecula	☐Normal	☐Lid anomaly	☐Pterigium/pinguecula
O Nystagmus		☐Blepharitis	☐ Corneal anomaly		☐Blepharitis	☐ Corneal anomaly
		☐Conjunctivitis	☐ Iris anomaly		☐Conjunctivitis	☐ Iris anomaly
		☐Ptosis			☐Ptosis	
Abnormality:						

Internal

	Right Eye ☐ *Unable to test*			**Left Eye** ☐ *Unable to test*		
	☐Normal	☐ Cataracts	☐ Retinal anomaly	☐Normal	☐ Cataracts	☐ Retinal anomaly
		☐ Coloboma	☐ Optic Nerve anomaly		☐ Coloboma	☐ Optic Nerve anomaly
			☐ Glaucoma suspect			☐ Glaucoma suspect
Abnormality:						

Pupils O Normal O Abnormal: _____ **IOP** **Right Eye** _____ **Left Eye** _____

☐ *Unable to test* ☐ *Unable to test* O Icare O Noncontact

	Right eye	Left Eye	
Retinoscopy	20/ ___	20/ ___	Add
Refraction	20/ ___	20/ ___	20/ ___

Recommendations:
O **No new Rx** O No glasses recommended O No change in glasses recommended ☐ **Sunglasses (plano)**
O **New Rx** ☐ Full time Rx ☐ Distance only ☐ Close work only
PD __/__

	Sphere	Cylinder	Axis	VA Distance	VA Near (OU)	ADD
Right eye				20 / ___	20 / ___	
Left eye				20 / ___		

☐ **Sports goggles:** O Plano O Rx

Right eye				20 / ___
Left eye				20 / ___

Referral to: ☐ Optometrist ☐ Ophthalmologist ☐ Primary care physician ☐ Neurologist ☐ Other: _____
Additional comments: