

# Cover Sheet

Stick label here. If no label, write ID & age.

ID
Age

For use only by local coordinator.

Date started:   \_\_ \_\_   \_\_ \_\_ \_\_   \_\_ \_\_ \_\_  
                          23       Mar       2015

Time started:

Time finished:

Order of testing:

Circle the result.

___ REBIScan PVS	PASS	REFER	UNABLE
___ PediaVision Spot	PASS	REFER	UNABLE
___ PlusoptiX S12C	PASS	REFER	UNABLE
___ Visual Acuity	PASS	REFER	UNABLE
___ Preschool Randot	PASS	REFER	UNABLE

REFERRED BY SCHOOL

Signature:

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