



VISION SPECIALIST'S REPORT

DATE _____

APPLICANT NAME	APPLICANT ADDRESS
EXAMINER NAME	EXAMINER ADDRESS
SIGNATURE OF EXAMINER X	

VISUAL ACUITY

	FAR		FAR		NEAR	
UNCORRECTED:	R. 20/ _____	L. 20/ _____	Both 20/ _____	Both 20/ _____	Both 20/ _____	Both 20/ _____
CORRECTED:	R. 20/ _____	L. 20/ _____	Both 20/ _____	Both 20/ _____	Both 20/ _____	Both 20/ _____
Refractive Error R.	_____					
L.	_____					

OCULOMOTOR

A. COVER TEST AT DISTANCE: Phoria _____ Intermittent Tropia _____ Constant Tropia _____

B. PHORIAS AT DISTANCE: eso/exo _____ R. Hyper R. Hypo

TEST METHOD: Cover Test Phoropter Stereoscope

C. Are Phorias adequately compensated to provide clear, comfortable binocular vision? Yes No
Explain _____

D. VERSIONS and DUCTIONS: Smooth and Full _____ Restrictions _____
Explain _____

DEPTH PERCEPTION SCORE
(i.e. seconds of arc or % of stereo acuity)

Corrected _____ Uncorrected _____

Instrument / Method Used and Test Distance _____

COLOR VISION
(Pass Pseudoisochromatic Plates (PIP) OR not more than one major error on Farnsworth D15 Test.)

Pass / Normal PIP Score _____ Errors _____ # of Plates Used _____

Fail / Defective D-15 Results: Ref _____

VISUAL FIELDS
(Attach Copy of Results)

Normal Defective If defective, explain _____

OCULAR HEALTH

Internal and External Ocular Examination; state any evidence of pathological, congenital, hereditary, or optical defects.

APPLICANT #	DATE ISSUED
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