

Berrien County Health Department

Vision Room List 5th 7th 9th

School: _____

Grade/Room Number: _____

Date: _____

Technician: _____

#	Name of Student (Please Print)		Glasses?	Vision Results	Rescreen	Comments
	Last	First				
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						

Key for Recording Vision Results on CA-60
Result: O=Normal R=Referred FNR=Failed Not Referred