



Facility Name:
Facility Address:
Date:

Screening Tool Used

(circle): Chart
SPOT
Plus-Optix

Total Screened: _____

Total Referred: _____

Preschool-age (6 mo. thru 18 yrs.)
Registration Form

Child's Name (First and Last)	Age	Glasses ✓ if yes	Absent ✓ if yes	Comments (<i>Appearance, Behavior, Complaints</i>):	Referral Information	
					<input type="checkbox"/> Pass	<input type="checkbox"/> Referred
1					<input type="checkbox"/> Pass	<input type="checkbox"/> Referred
2					<input type="checkbox"/> Pass	<input type="checkbox"/> Referred
3					<input type="checkbox"/> Pass	<input type="checkbox"/> Referred
4					<input type="checkbox"/> Pass	<input type="checkbox"/> Referred
5					<input type="checkbox"/> Pass	<input type="checkbox"/> Referred
6					<input type="checkbox"/> Pass	<input type="checkbox"/> Referred
7					<input type="checkbox"/> Pass	<input type="checkbox"/> Referred
8					<input type="checkbox"/> Pass	<input type="checkbox"/> Referred
9					<input type="checkbox"/> Pass	<input type="checkbox"/> Referred
10					<input type="checkbox"/> Pass	<input type="checkbox"/> Referred
11					<input type="checkbox"/> Pass	<input type="checkbox"/> Referred
12					<input type="checkbox"/> Pass	<input type="checkbox"/> Referred
13					<input type="checkbox"/> Pass	<input type="checkbox"/> Referred
14					<input type="checkbox"/> Pass	<input type="checkbox"/> Referred
15					<input type="checkbox"/> Pass	<input type="checkbox"/> Referred
16					<input type="checkbox"/> Pass	<input type="checkbox"/> Referred
17					<input type="checkbox"/> Pass	<input type="checkbox"/> Referred
18					<input type="checkbox"/> Pass	<input type="checkbox"/> Referred
19					<input type="checkbox"/> Pass	<input type="checkbox"/> Referred
20					<input type="checkbox"/> Pass	<input type="checkbox"/> Referred