Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Snellen Chart**

Both Eyes

Put a check Mark in the box if the person was able to accurately read the line of letters.

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 40 ft | 32 ft | 25 ft | 20 ft | 16ft | 12 ft | 10 ft | 8 ft | 6 ft | 5 ft |
|  |  |  |  |  |  |  |  |  |  |

Right Eye

Put a check Mark in the box if they were able to accurately read the line of letters.

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 40 ft | 32 ft | 25 ft | 20 ft | 16ft | 12 ft | 10 ft | 8 ft | 6 ft | 5 ft |
|  |  |  |  |  |  |  |  |  |  |

Left Eye

Put a check Mark in the box if they were able to accurately read the line of letters

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 40 ft | 32 ft | 25 ft | 20 ft | 16ft | 12 ft | 10 ft | 8 ft | 6 ft | 5 ft |
|  |  |  |  |  |  |  |  |  |  |

**Near Vision Test**

Both Eyes

Put a check Mark in the box if they were able to accurately read the line of letters.

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 160 in | 80 in | 56 in | 48 in | 40 in | 32 in | 24 in | 20 in | 16 in |
|  |  |  |  |  |  |  |  |  |

Right Eye

Put a check Mark in the box if they were able to accurately read the line of letters.

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 160 in | 80 in | 56 in | 48 in | 40 in | 32 in | 24 in | 20 in | 16 in |
|  |  |  |  |  |  |  |  |  |

Left Eye

Put a check Mark in the box if they were able to accurately read the line of letters.

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 160 in | 80 in | 56 in | 48 in | 40 in | 32 in | 24 in | 20 in | 16 in |
|  |  |  |  |  |  |  |  |  |