



Winnipeg Regional Health Authority
Office régional de la santé de Winnipeg

Assistive Technology

PRODUCTS AND SERVICES

Communication Devices Program

Vision Screening Database

Deer Lodge Centre (DLC)
2109 Portage Ave.
Winnipeg, MB R3J 0L3
Phone: (204) 831-3430
Fax: (204) 885-2524

Name: _____

PHIN:

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Examiner: _____ Date of Assessment: _____

Glasses/Contacts:

- Yes (fill out below) No (go to #1)
- Single Vision Bifocals Progressives Prism: _____ D Base In Base Out

1. Distance Acuities

(with glasses if worn for distance)

R _____ L _____ B _____

2. Near Acuities

(with glasses if worn for near)

R _____ L _____ B _____

3. Visual Attention

- Line Bisection: _____
- H Cancelation: _____

Comments: _____

4. Midline Shift Screen:

- Horizontal: R L
- Vertical: Up Down

Comments: _____

5. Pursuits

	R	L	B
POOR			
FAIR			
GOOD			

6. Saccades

	R	L	B
POOR			
FAIR			
GOOD			

Comments: _____

7. Near Point Convergence

- Unable to Perform (UTP)
- Break Point _____ (inches) Recovery _____ (inches) Touch to Nose (TTN)

8. Alignment (School Bus Test)

	The Red Line (is):			
	touches the bus		outside the bus	
Horizontal	<input type="checkbox"/> R	<input type="checkbox"/> L	<input type="checkbox"/> R	<input type="checkbox"/> L
Vertical	<input type="checkbox"/> R	<input type="checkbox"/> L	<input type="checkbox"/> R	<input type="checkbox"/> L

9. Stereopsis (Fly Acuity Test)

- Fly L R B None
- Dots: _____ ° (seconds of arc)
- Symbols: _____ ° (seconds of arc)



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10. Cover/Uncover Test (Strabismus/Tropia Test)

		IN	OUT	UP	DOWN	NONE
Cover R Eye	L Eye Moves					
Cover L Eye	R Eye Moves					

11. Alternating Cover Test (Phoria Test)

		IN	OUT	UP	DOWN	NONE
Cover R – L	R Eye Moves					
Cover L – R	L Eye Moves					

12. Monocular Range of Motion (ROM)

14. Motor Free Visual Perception Test (MVPT)

- Score: _____
- _____ Visual Closure
 - _____ Visual Discrimination
 - _____ Visual Figure Ground
 - _____ Visual Form Constancy
 - _____ Visual Memory
 - _____ Visual Spatial Relations

Average Speed: _____

13. Ishihara Test (Basic Colour Screening Test)

- Trichromatic (normal colour vision)
- Red/Green Colour Deficiency
 - Deuteranopia (if known)
 - Protanopia (if known)
- Tritanopia (reduced sensitivity to blue –rare)

15. Clinical Impressions & Recommendations

Signature/Date