

# STEREO OPTICAL INTERNATIONAL VISION TESTER RECORD FORM

Name: \_\_\_\_\_

Employee Number: \_\_\_\_\_

Occupation \_\_\_\_\_

Department \_\_\_\_\_

Date: \_\_\_\_\_ Age: \_\_\_\_\_

Contact Lenses: Yes \_\_\_ No \_\_\_

Bifocals \_\_\_ Trifocals \_\_\_

Specials \_\_\_\_\_

Last Exam By Doctor \_\_\_\_\_

Change Rx Yes \_\_\_ No \_\_\_

Tester \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

Referred: Yes \_\_\_ No \_\_\_

\_\_\_\_\_

Employee Signature \_\_\_\_\_

**Perimeter Score**

**Right Peripheral**

85° 70° 55° Nasal 35°

**Left Peripheral**

85° 70° 55° Nasal 35°

## INTERMEDIATE DISTANCE TEST

TEST DISTANCE	INCHES	20	22	26	31	40
	CM	50	57	66	80	100

Far Point (20 Ft.) Tests

Test No.	Target	1	2	3	4	5	6	7	8	9	10	11	12						
1	Both Eyes	→	←	↑	←	↓	←	↑	↓	↑	→	↓	→						
2	Right	↓	→	←	↓	←	→	←	←	→	↑	→	↑						
3	Left	→	↓	→	↓	↑	↓	←	←	→	←	↑	↑						
	Snellen Equivalents	$\frac{20}{200}$	$\frac{20}{100}$	$\frac{20}{70}$	$\frac{20}{50}$	$\frac{20}{40}$	$\frac{20}{35}$	$\frac{20}{30}$	$\frac{20}{25}$	$\frac{20}{22}$	$\frac{20}{20}$	$\frac{20}{18}$	$\frac{20}{17}$						
4	Stereo Depth	Top 3						A 2	B 4	C 3	D 5	E 4	F 2	G 5	H 4				
5	Color	5		8				56, 58, 68, or 66				27 or 22							
6	Vertical Phoria	1		2		3		4		5		6		7		8		9	
7	Lateral Phoria	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15			

14"  other

Test No.	Target	1	2	3	4	5	6	7	8	9	10	11	12						
8	Both Eyes	↑	↑	→	↑	→	↑	←	↑	→	←	→	↓						
9	Right	←	↓	←	→	←	→	↓	↓	↑	↓	→	←						
10	Left	↓	←	↓	↓	←	→	→	↑	→	↑	↓	←						
11	Lateral Phoria	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15			
12	Vertical Phoria	1		2		3		4		5		6		7		8		9	