

|            |           |              |
|------------|-----------|--------------|
| First Name | Last Name | HAS ID _____ |
|------------|-----------|--------------|

|                         |   |   |  |
|-------------------------|---|---|--|
| Date                    | <input type="radio"/> Male <input type="radio"/> Female | DoB   | Age (years) <input type="radio"/> Not sure |
| Event                   | Location  | <input type="radio"/> Athlete <input type="radio"/> Unified partner                   | Sport                                      |
| Delegation              |   | SO Program  |  |
| Cell phone # (optional) |   | Number is <input type="radio"/> Athlete's <input type="radio"/> Parent's / Guardian's |  |

**History**

**When was your last eye exam?**

- Less than 1 year
- 1-3 years
- More than 3 years
- Never
- Unknown

**Do you experience any of the following**

- Difficulty seeing:  Far  Near
- Headaches
- Sensitivity to light
- Double vision:  Far  Near



**Do you wear corrective lenses (glasses or contacts)?**

- No  Yes
- Standard Rx  Sports Rx  Contact lenses
- Full time  Near only  Far only  Soft  Hard

**Please check what is worn during screening:**

- Without Glasses  With Glasses  With contact lenses

**Current prescription**

|           |  |  |  |  |
|-----------|--|--|--|--|
| Right Eye |  |  |  |  |
| Left Eye  |  |  |  |  |

**Visual Acuity**

FAR **Right Eye** 20 / \_\_\_\_  Unable to test **Left Eye** 20 / \_\_\_\_  Unable to test

|                           |                               |   |                               |   |
|---------------------------|-------------------------------|---|-------------------------------|---|
| <input type="radio"/> Lea | <input type="radio"/> Walk up | <input type="radio"/> Light projection/Light perception | <input type="radio"/> Walk up | <input type="radio"/> Light projection/Light perception |
|                           |                               | <input type="radio"/> No light perception               |                               | <input type="radio"/> No light perception               |
| Other:                    |                               | Other:  |                               |   |

NEAR **Both Eyes** 20 / \_\_\_\_  Unable to test

|                           |   |   |        |
|---------------------------|---|---|--------|
| <input type="radio"/> Lea | <input type="radio"/> Light projection/Light perception | <input type="radio"/> No light perception | Other: |
|---------------------------|---|---|--------|

**Cover Test**

- FAR  orthophoria  Unable to test
- PHORIA range 02-99 \_\_\_\_  TROPE range 02-99 \_\_\_\_
- eso  exo  hyper  eso  exo  hyper  hyper/eso  hyper/exo
- Constant  Intermittent

**O Latent Nystagmus**

- NEAR  orthophoria  Unable to test
- PHORIA range 02-99 \_\_\_\_  TROPE range 02-99 \_\_\_\_
- eso  exo  hyper  eso  exo  hyper  hyper/eso  hyper/exo
- Constant  Intermittent

**Color Vision**  Unable to test Trial 1 \_\_\_\_ / 9 If less than 8/9 Trial 2 \_\_\_\_ / 9 **Stereopsis**  Unable to test \_\_\_\_ / 6

**Autorefraction**

|   |   |        |          |      |
|---|---|--------|----------|------|
| <input type="checkbox"/> Unable to test | <input type="checkbox"/> Unable to test | Sphere | Cylinder | Axis |
| Right Eye                               |   |        |          |      |
| Left Eye                                |   |        |          |      |

**Eye Health External**

- Right Eye**  Unable to test **Left Eye**  Unable to test
- Normal  Lid anomaly  Pterigium/pinguecula  Normal  Lid anomaly  Pterigium/pinguecula
- Nystagmus  Blepharitis  Corneal anomaly  Blepharitis  Corneal anomaly
- Conjunctivitis  Iris anomaly  Conjunctivitis  Iris anomaly
- Ptosis  Ptosis

Abnormality: \_\_\_\_\_

**Internal**

- Right Eye**  Unable to test **Left Eye**  Unable to test
- Normal  Cataracts  Retinal anomaly  Normal  Cataracts  Retinal anomaly
- Coloboma  Optic Nerve anomaly  Coloboma  Optic Nerve anomaly
- Glaucoma suspect  Glaucoma suspect

Abnormality: \_\_\_\_\_

**IOP**

- Right Eye** \_\_\_\_ **Left Eye** \_\_\_\_ **Pupils**  Normal  Abnormal: \_\_\_\_\_
- Unable to test  Icare  Noncontact  Unable to test

**RETINOSCOPY**

**REFRACTION**

|           |           |           |           |
|-----------|-----------|-----------|-----------|
| RIGHT EYE | 20 / ____ | 20 / ____ | Add       |
| LEFT EYE  | 20 / ____ | 20 / ____ | 20 / ____ |

**Recommendations:**

- No new Rx  No glasses recommended  No change in glasses recommended  Sunglasses (plano)

- New Rx  Full time Rx  Distance only  Close work only

|                |        |          |      |             |              |     |
|----------------|--------|----------|------|-------------|--------------|-----|
| PD ____ / ____ | Sphere | Cylinder | Axis | VA Distance | VA Near (OU) | ADD |
| Right eye      |        |          |      | 20 / ____   | 20 / ____    |     |
| Left eye       |        |          |      | 20 / ____   |              |     |

- Sports goggles:  Plano  Rx

|           |  |  |           |
|-----------|--|--|-----------|
| Right eye |  |  | 20 / ____ |
| Left eye  |  |  | 20 / ____ |

**Referral to:**  Optometrist  Ophthalmologist  Primary care physician  Neurologist  Other: \_\_\_\_\_

**Additional comments:**