

<b>Firstname</b>	<b>Lastname</b>	<b>HAS ID</b> _____
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<b>Date</b>	<b>O Male</b> <b>O Female</b>	<b>DoB</b>	<b>Age (years)</b> <b>O Not sure</b>
Event	Location	O Athlete   O Unified partner	Sport
Delegation		SO Program	

**History**

Is this your first time through an SOLCIOE Screening?  
 Yes    No

**When was your last eye exam?**

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

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

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

**Do you experience any of the following**

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



**Have you ever had an:**

Injury   Details: \_\_\_\_\_

Surgery   Details: \_\_\_\_\_

Infection   Details: \_\_\_\_\_

**Screening**

**Please check one**

**Current prescription**

	<input type="radio"/> Without Rx	<input type="radio"/> With Rx	<input type="radio"/> With contact lenses		
	Sphere	Cylinder	Axis	ADD	PD
Right eye	_____	_____	_____	_____	_____ / _____
Left eye	_____	_____	_____	_____	_____ / _____

Pass   Not Pass   **Visual acuity FAR**    Unable to test   **OD 20 / \_\_\_\_**    Unable to test   **OS 20 / \_\_\_\_**

     *Do not pass if 20/40 or worse*

Lea    Other: \_\_\_\_\_

Walk up    Light projection    Light perception    No light perception    Other

Walk up    Light projection    Light perception    No light perception    Other

Pass   Not Pass   **Visual acuity NEAR**   **OU 20 / \_\_\_\_**

      Unable to test    Lea    Other: \_\_\_\_\_

*Do not pass if 20/40 or worse*

Pass   Not Pass   **Cover test**   Far

      Unable to test    ortho    phoria    trope

*Do Not Pass If Any Trope is Present*

eso    exo    hyper

range 02-99 \_\_\_\_

**O Latent Nystagmus**    Constant    Intermittent

range 02-99 \_\_\_\_

Near

      Unable to test    ortho    phoria    trope

*Do Not Pass If Any Trope is Present*

eso    exo    hyper

range 02-99 \_\_\_\_

Constant    Intermittent

range 02-99 \_\_\_\_

Pass   Not Pass   **Color vision**

      Unable to test   Trial 1 \_\_\_\_ / 9   If less than 8/9   Trial 2 \_\_\_\_ / 9

*Do Not Pass if Trial 2 < 9*

Pass   Not Pass   **Stereopsis**

      Unable to test   \_\_\_\_ / 6

*Do Not Pass if < 5/6 correct*

