****

**Vision Report Card**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Special Olympics Lions Clubs International Foundation Opening Eyes sponsored the vision and eye health assessment that the Special Olympic athlete listed above participated in. The testing performed was designed only to detect possible vision problems. The results of the testing do not reflect a complete exam of the health and function of your visual system. It is recommended that the athlete complete eye examination at regular intervals.

Based on our testing:

\_\_\_\_\_ the athlete has **passed** the vision screening. However, please remember that passing the screening in no way guarantees that further eye or health care is not required.

\_\_\_\_\_The athlete had difficulty in the area(s) checked below that the:

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Visual Acuity** |  | **Cover Test** |
|  | **Eye Health** |  | **Stereopsis** |
|  | **Refraction** |  | **Color Vision** |
|  | **Other:**  |

 Please refer to the back of this form for explanation of the areas listed above.

\_\_\_\_\_ a new pair of glasses is being provided to the athlete free of charge. The glasses may be delivered during the games or mailed to them after the event. The glasses are to be used as follows:

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Full time wear (all day long)** |  | **Distance Viewing (TV, movies)** |
|  | **Sports Activities** |  | **Close work (reading, school work)** |

\_\_\_\_\_ the athlete has been referred for additional care to: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Thank you for participating in the screening. If you have any questions, please call ***(fill in clinical director’s name, phone and email)*** for any additional information.

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 Reviewer’s Signature