



## **Vision Report Card**

Name:	Date:
The Lions Clubs International Foundation Oper vision screenings, and fabrication of prescription testing performed was designed only to detect testing do not reflect a complete exam of the loopening Eyes screening does NOT replace a conditation. It is recommended that athletes receivannually or as recommended for further evaluations.	on eyewear to Special Olympics athletes. The t possible vision problems. The results of the nealth and function of the visual system. The pmprehensive eye exam, which includes we a dilated comprehensive eye exam
Based on the screening:	
If noted below the athlete demonstrated of that further eye or health care is not requ	difficulty in these areas. This does not mean ired.
Visual Acuity	
Eye Health	
Depth Perception Other:	
	o the athlete at no charge. The glasses may to them following the completion of the event.  Ig the event.
Full time wear	Distance Vision (TV, movies)
Sports Activities	Near Vision (reading, school, work)
the athlete has been referred for addition	al care to:
Thank you for participating in the screening. If y Special Olympics State Program Health Manage	• • • • • • • • • • • • • • • • • • • •
	Reviewer's Signature