# OHIO INVESTIGATIVE UNIT

# Vision Specialist's Report

Date _____

Applicant's Name _____     Examiner's Name _____

Address _____     Address _____

_____     _____

Examiner's Signature _____

## VISUAL ACUITY                    FAR                FAR                NEAR

|  | | FAR | FAR | NEAR |
|---|---|---|---|---|
| Uncorrected: | R.20/ | L. 20/ | Both 20/ | Both 20/ |
| Corrected: | R.20/ | L. 20/ | Both 20/ | Both 20/ |

Refractive Error   R. _____

L. _____

## OCULOMOTOR

A.   Cover test at Distance:_____ Phoria;          _____ Intermittent Tropia;          _____ Constant Tropia

B.   Phorias at Distance:     _____ eso/exo;     _____ R. Hyper/ R. Hypo

Test method:          _____ cover test;     _____ phoropter;          _____ stereoscope

C.   Are phorias adequately compensated to provide clear, comfortable binocular vision?

_____ Yes;          _____ No – Explain _____

D.   Versions and Ductions: _____     Smooth and Full: _____     Restrictions: _____

Explain _____

## DEPTH PERCEPTION SCORE

(i.e. percent of stereo acuity or percentage)          Corrected _____          Uncorrected _____

Instrument or method used: _____

## COLOR VISION          _____ Normal (not more than one major error in regular Farnsworth D15 test)

_____ Defective

## VISUAL FIELDS          _____ Normal;          _____ Defective – Explain: _____

Test Method:          _____ Autoplot:          _____ Tangent Screen          _____ Harrington Flocks

_____ Auto Screener          _____ Confrontations          _____ Goldmann          _____ Perimeter Arc

Internal and External Ocular Examination; State any evidence of pathological, congenital, hereditary, or optical defects.

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