



Alaska Blind Child Discovery: Examination Form

Screened Child:

First Name: _____ Last Name: _____

Birthdate: m _____ /d _____ /y _____

Screen Date: m _____ /d _____ /y _____

Screen Interpretation: "Positive" _____ "Normal +"

Confirmatory Eye Exam:

Date: m _____ /d _____ /y _____

Cycloplegic? Dilated? Dry Retinoscopy / Refraction?

Acuity: R _____ L _____ not yet cooperative

Strabismus? N Y describe: _____

Amblyopia: N Y

Refraction:

R: sph _____ cyl _____ axis _____

L: sph _____ cyl _____ axis _____

Therapy Instituted:

None Spectacles Patching Penalization drops Other

Comments:

Thank You,
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