

STEREO OPTICAL INTERNATIONAL VISION TESTER RECORD FORM

CAT. No. 2000-218 P/N 70016

Far Point (20 Ft.) Tests

14" □ other

		INTERMEDIATE DISTANCE TEST																	
TEST DISTANCE		INCHES		20	22	26	31	40											
		CM		50	57	66	80	100											
Test No.	Target	1	2	3	4	5	6	7	8	9	10	11	12						
1	Both Eyes	→	←	↑	←	↓	←	↑	↓	↑	→	↓	→						
2	Right	↓	→	←	↓	←	→	←	←	→	↑	→	↑						
3	Left	→	↓	→	↓	↑	↓	←	←	→	←	↑	↑						
	Snellen	<u>20</u>	<u>20</u>	<u>20</u>	<u>20</u>	<u>20</u>	<u>20</u>	<u>20</u>	<u>20</u>	<u>20</u>	<u>20</u>	<u>20</u>	<u>20</u>						
	Equivalents	200	100	70	50	40	35	30	25	22	20	18	17						
4	Stereo Depth	Top			A			B			C D E F G		H						
		3			2			4			3 5 4 2 5		4						
5	Color	5			8			56, 58, 68, OR 66				27 OR 22							
6	Vertical Phoria	1		2		3		4		5		6		7		8		9	
7	Lateral Phoria	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15			
Test No.	Target	1	2	3	4	5	6	7	8	9	10	11	12						
8	Both Eyes	↑	↑	→	↑	→	↑	←	↑	→	←	→	↓						
9	Right	←	↓	←	→	←	→	↓	↓	↑	↓	→	←						
10	Left	↓	←	↓	↓	←	→	→	↑	→	↑	↓	←						
11	Lateral Phoria	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15			
12	Vertical Phoria	1		2		3		4		5		6		7		8		9	

Name: _____
 Employee Number: _____
 Occupation: _____
 Department: _____
 Date: _____ Age: _____
 Contact Lenses: Yes ___ No ___
 Bifocals _____ Trifocals _____
 Specials : _____
 Last Exam By Doctor: _____
 Change Rx: Yes ___ No ___
 Referred: Yes ___ No ___
 Employee Signature: _____

Perimeter Score
Right Peripheral
 85° 70° 55° Nasal 40°
Left Peripheral
 85° 70° 55° Nasal 40°



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