

STEREO OPTICAL INDUSTRIAL VISION TESTER RECORD FORM

PN 70003

Far Point (20 Ft.) Tests

16" □ other

		INTERMEDIATE DISTANCE TEST														
TEST DISTANCE	INCHES	20	22	26	31	40										
	CM	50	57	66	80	100										
1 Demonstration																
1 Slide																
Alternate																
Test No.	Target	1	2	3	4	5	6	7	8	9	10	11	12	13	14	
2	Both Eyes	↑	→	→	←	↑	↓	←	→	←	↓	→	↓	↑	→	
3	Right	↑	←	↑	↑	↓	↓	←	↓	→	↑	→	←	↓	→	
4	Left	←	→	←	↓	→	↑	↑	↓	→	↑	↓	→	↑	←	
	Snellen	20	20	20	20	20	20	20	20	20	20	20	20	20	20	
	Equivalent	200	100	70	50	40	35	30	25	22	20	18	17	15	13	
	Stereo	1	2	3	4	5	6	7	8	9						
5	Depth	↓	←	↓	↑	↑	←	→	←	→						
		A	B	C	D	E	F									
6	Color	12	5	26	6	16	0									
7	Vertical	1	2	3	4	5	6	7								
8	Lateral	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	13	14	
9	Both Eyes	→	←	↑	→	↓	→	↑	←	↑	←	↓	→	↓	←	
10	Right	↑	↓	↑	↓	→	↑	→	←	↓	←	→	→	←	↑	
11	Left	↓	←	↓	→	↑	←	↑	↓	→	→	←	→	↑	←	
12	Lateral	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15

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

Employee Signature: _____

Perimeter Score
Right Peripheral
 85° 70° 55° Nasal 45°
Left Peripheral
 85° 70° 55° Nasal 45°



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