Lay Screener Form
For 3-Year-Old Children
DO NOT PHOTOCOPY!

Stereo Smile (LS 220.1)

Identification (place ID label in the box below)

ID: ___ ___ - ___ ___ - ___ ___ ___   Name: _____

S1. Time IN: (Stamp Start Time in the box below. Press stamp until it stops.)

Start   Time   Stamp

S2. Indicate last card with 4 correct

Unable to do Card A(   )$_0$ (STOP! Go to Next Page)

Card A (   )$_1$

Card B (   )$_2$ | Go to the next card if **4 out of 4** or **4 out of 5** symbols are correctly identified. |

Card C (   )$_3$

Card D (   )$_4$

☐ $_1$ ✓ if incomplete

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Lea Visual Acuity: 3-year-old (LV 221.1)

Identification (place ID label in the box below)

ID: ___ ___ - ___ ___ - ___ ___ ___   Age: ___

Name: _____

L1.   Time IN: (Stamp Start Time in the box below. Press stamp until it stops.)

Start
Time
Stamp

L2.   Check unable box if child cannot complete Lea Pretest:

Unable (   )$_1$ (STOP! Go to next page)

L3.   Right Eye

End testing for right eye when there are 2 "**X**"s on one line. If test is incomplete, write "**I**" on the first symbol not shown to child.

Baseline A	B	C	D
Disk 1	2	3	4
Disk 5	6	7	8

( )   √ **if child correctly identified all cards presented with the right eye**

L4.   Left Eye

End testing for left eye when there are 2 "**X**"s on one line. If test is incomplete, write "**I**" on the first symbol not shown to child.

Baseline A	B	C	D
Disk 1	2	3	4
Disk 5	6	7	8

( )   √ **if child correctly identified all cards presented with the left eye**

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Retinomax (LM 222.1)

Identification (place ID label in the box below)

ID: ___ ___ - ___ ___ - ___ ___ ___

Name: _____

Tape Retinomax printout HERE

Re-take if reliability number is less than 8.

For each eye, circle the line with the first reliability number that is 8,9 or 10.

Do not take more than 3 readings per eye!!

Tape carefully on edges.

R1.   Time IN: (Stamp Start Time
         in the box below. Press stamp until it stops.)

Start
Time
Stamp

R2.   Number of readings per eye

   a. <u>Right Eye</u>   b. <u>Left Eye</u>

   None (unable) (   )$_0$ None (unable)   (   )$_0$

   One   (   )$_1$ One   (   )$_1$

   Two   (   )$_2$ Two   (   )$_2$

   Three   (   )$_3$ Three   (   )$_3$

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SureSight Autorefractor (LA 223.1)

Identification (place ID label in the box below)

ID: ___ ___ - ___ ___ - ___ ___ ___

Name: _____

A1. Time IN: (Stamp Start Time
in the box below. Press stamp until it stops.)

Start
Time
Stamp

A2. Number of readings per eye

a. <u>Right Eye</u>

None (unable)	( )$_0$
One	( )$_1$
Two	( )$_2$
Three	( )$_3$

b. <u>Left Eye</u>

None (unable)	( )$_0$
One	( )$_1$
Two	( )$_2$
Three	( )$_3$

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1. Time All Testing Completed (Stamp END Time
in the box below. Press stamp until it stops.)

End
Time
Stamp

2. Print Screener's Initials: ____ ____

     First   Last

3. Screener's Certification Number: __ __ __ __

Tape SureSight printout HERE

Re-take if reliability number is less than 6.

For each eye, circle the line with the first reliability number that is 6, 7, 8,or 9.

Do not take more than 3 readings per eye!!

Tape carefully on edges.