

# STEREO OPTICAL INDUSTRIAL VISION TESTER RECORD FORM

CAT. No. 2000 - 216

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Far Point (20 Ft.) Tests  other

		INTERMEDIATE DISTANCE TEST														
TEST DISTANCE	INCHES	20	22	26	31	40										
	CM	50	57	66	80	100										
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 Equivalents		$\frac{20}{200}$	$\frac{20}{100}$	$\frac{20}{70}$	$\frac{20}{50}$	$\frac{20}{40}$	$\frac{20}{35}$	$\frac{20}{30}$	$\frac{20}{25}$	$\frac{20}{22}$	$\frac{20}{20}$	$\frac{20}{18}$	$\frac{20}{17}$	$\frac{20}{15}$	$\frac{20}{13}$	
5	Stereo Depth	1	2	3	4	5	6	7	8	9						
		↓	←	↓	↑	↑	←	→	←	→						
6	Color	A	B	C	D	E	F									
		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 35°

Left Peripheral 85° 70° 55° Nasal 35°

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3	Right	↑	←	↑	↑	↓	↓	←	↓	→	↑	→	←	↓	→	
4	Left	←	→	←	↓	→	↑	↑	↓	→	↑	↓	→	↑	←	
Snellen Equivalents		$\frac{20}{200}$	$\frac{20}{100}$	$\frac{20}{70}$	$\frac{20}{50}$	$\frac{20}{40}$	$\frac{20}{35}$	$\frac{20}{30}$	$\frac{20}{25}$	$\frac{20}{22}$	$\frac{20}{20}$	$\frac{20}{18}$	$\frac{20}{17}$	$\frac{20}{15}$	$\frac{20}{13}$	
5	Stereo Depth	1	2	3	4	5	6	7	8	9						
		↓	←	↓	↑	↑	←	→	←	→						
6	Color	A	B	C	D	E	F									
		12	5	26	6	16	0									
7	Vertical	1	2	3	4	5	6	7								
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10	Right	↑	↓	↑	↓	→	↑	→	←	↓	←	→	→	←	↑	
11	Left	↓	←	↓	→	↑	←	↑	↓	→	→	←	→	↑	←	
12	Lateral	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15

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Occupation \_\_\_\_\_

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Date: \_\_\_\_\_ Age: \_\_\_\_\_

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