**Name: DOB: Date of test: \_\_\_\_\_\_\_\_\_\_**

1. **BP: \_\_\_\_\_\_\_­­­­\_\_\_ R /L Pulse\_\_\_\_\_\_\_\_ Height\_\_\_\_\_\_\_\_\_ Weight\_\_\_\_\_\_\_\_\_ BMI \_\_\_\_\_\_\_\_\_\_**
2. **VISION SCREENING**:

Distance Vision: OU = 20/\_\_\_\_\_ OD = 20/\_\_\_\_\_\_ OS = 20/\_\_\_\_\_

Please circle: without correction WITH correction: glasses contacts

**Tested by: \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Print/Signature**

**REVISED 2/8/21 5/31/166 55**/315/31/1616