

Brain Injury Vision Screening

NAME _____ M/F DOB ___/___/___ AGE _____ DATE: _____

Hx:


Visual Acuity				
Uncorrected	Distance	Right Eye	Near	Right Eye
		Left Eye		Left Eye
		Both Eyes		Both Eyes
Corrected	Distance	Right Eye	Near	Right Eye
		Left Eye		Left Eye
		Both Eyes		Both Eyes

Cover Test	
Unilateral	Phoria / Tropia
Alternating	Exo / Eso / Hyper / Hypo small / medium / large

Broad H			

Pursuits														
						Head / body movements	Poor	1	2	3	4	5	Good	
# of rotations		1	2	3	4	Ability	Poor	1	2	3	4	5	Good	
# of refixations		1	2	3	4	5	Accuracy	Poor	1	2	3	4	5	Good
Saccades														
						Head / body movements	Poor	1	2	3	4	5	Good	
# of round trips		1	2	3	4	5	Ability	Poor	1	2	3	4	5	Good
# of undershoots/overshoots		1	2	3	4	5	Accuracy	Poor	1	2	3	4	5	Good
Near Point of Convergence														
Discomfort / Break / Recovery														

Pupils									
P E R R L A									

Midline Shift									
									

Confrontational Fields									
