

# Berrien County Health Department

## Vision Room List 5<sup>th</sup> 7<sup>th</sup> 9<sup>th</sup>

School: \_\_\_\_\_

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

Technician: \_\_\_\_\_

	Name of Student (Please Print)	Glasses?	Vision Results	Rescreen	Comments
	Last,                      First				
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2					
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**Key for Recording Vision Results on CA-60**  
**Result: O=Normal      R=Referred      FNR=Failed Not Referred**