



Preschool-age (6 mo. thru 5 yrs.)
Registration Form

Facility Name:
Facility Address:
Date:

Screening Tool Used
(circle): **Chart**
Plus-Optix
Total Screened: _____
Total Referred: _____

	Child's Name (First and Last)	Age	Glasses ✓ if yes	Absent ✓ if yes	Comments (<i>Appearance, Behavior, Complaints</i>):	Referral Information	
						<input type="checkbox"/> Pass	<input type="checkbox"/> Referred
1						<input type="checkbox"/> Pass	<input type="checkbox"/> Referred
2						<input type="checkbox"/> Pass	<input type="checkbox"/> Referred
3						<input type="checkbox"/> Pass	<input type="checkbox"/> Referred
4						<input type="checkbox"/> Pass	<input type="checkbox"/> Referred
5						<input type="checkbox"/> Pass	<input type="checkbox"/> Referred
6						<input type="checkbox"/> Pass	<input type="checkbox"/> Referred
7						<input type="checkbox"/> Pass	<input type="checkbox"/> Referred
8						<input type="checkbox"/> Pass	<input type="checkbox"/> Referred
9						<input type="checkbox"/> Pass	<input type="checkbox"/> Referred
10						<input type="checkbox"/> Pass	<input type="checkbox"/> Referred
11						<input type="checkbox"/> Pass	<input type="checkbox"/> Referred
12						<input type="checkbox"/> Pass	<input type="checkbox"/> Referred
13						<input type="checkbox"/> Pass	<input type="checkbox"/> Referred
14						<input type="checkbox"/> Pass	<input type="checkbox"/> Referred
15						<input type="checkbox"/> Pass	<input type="checkbox"/> Referred
16						<input type="checkbox"/> Pass	<input type="checkbox"/> Referred
17						<input type="checkbox"/> Pass	<input type="checkbox"/> Referred
18						<input type="checkbox"/> Pass	<input type="checkbox"/> Referred
19						<input type="checkbox"/> Pass	<input type="checkbox"/> Referred
20						<input type="checkbox"/> Pass	<input type="checkbox"/> Referred

