

STEREO OPTICAL INDUSTRIAL VISION TESTER RECORD FORM

PN 70003

INTERMEDIATE DISTANCE TEST

TEST DISTANCE	INCHES	20	22	26	31	40
	CM	50	57	66	80	100

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 45°

Left Peripheral

85 ° 70 ° 55° Nasal 45°

Far Point (20 Ft.) Tests

14" other

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	20	20	20	20	20	20	20	20	20	20	20	20	20	20	
	Equivalent	200	100	70	50	40	35	30	25	22	20	18	17	15	13	
	Stereo	1	2	3	4	5	6	7	8	9						
5	Depth	↓	←	↓	↑	↑	←	→	←	→						
		A	B	C	D	E	F									
6	Color	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



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