(201) 689-1999

VISION SCREENING TEST

SCHOOL: ____

STUDENT: ____

DATE: ____________________ **GRADE:** ____________________

ACUITY SCORE

Right Eye: 20 / ________

Left Eye: 20 / ________

Both Eyes: 20 / ________

Check One:

______ W/O Glasses-Contacts

______ With Glasses-Contacts

COMMENTS: ____

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SIGNATURE OF SCHOOL NURSE: ______________________________

IMPORTANT

Instructions for parent/student: Please bring completed form to **FIRST** driving lesson.

***NEW LIFE* Driving School • 154 Godwin Avenue, Midland Park, NJ 07432**

(201) 689-1999 | www.NewLifeDriving.com | paul@newlifedriving.com