



1. Information about the person	
Family name ↗	Given names ↗
Age: 0-3 <input type="checkbox"/> 4-7 <input type="checkbox"/> 8-18 <input type="checkbox"/> 19-39 <input type="checkbox"/> 40-54 <input type="checkbox"/> 55+ <input type="checkbox"/>	Gender: Male <input type="checkbox"/> Female <input type="checkbox"/> Other <input type="checkbox"/>
Address ↗	Telephone ↗

2. Simple eye health check			
Look closely at each eye with torch	Yes	No	
Do both eyes look healthy?	<input type="checkbox"/>	<input type="checkbox"/>	No ↗ Refer to eye health professional
Ask			
Do you have diabetes?	<input type="checkbox"/>	<input type="checkbox"/>	Yes to any ↗ Refer to eye health professional
Do you have any eye pain or discomfort?	<input type="checkbox"/>	<input type="checkbox"/>	

3. Simple vision tests	
<i>Check if the person wears spectacles prescribed by an eye health professional</i>	
Do you wear spectacles that were prescribed for you?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes → Are these spectacles for:	Seeing in the distance <input type="checkbox"/> → Wear for simple distance vision test
	Seeing up close <input type="checkbox"/> → Wear for simple near vision test
	Not sure <input type="checkbox"/> → Do not wear during tests

Carry out simple distance vision test (8 years and older)			
Right eye: Top line	Result	Right eye: Bottom line	Result
Matches 2 or more letters correctly on top line: Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes → Continue to bottom line No → Continue to left eye	Matches 3 or more letters correctly on bottom line: Yes <input type="checkbox"/> No <input type="checkbox"/>	<p><input type="checkbox"/> Yes to all, both eyes and: Under 40 years → Continue to plan. 40 years or older → Continue to near vision test.</p> <p><input type="checkbox"/> No to any Top line → ↗ Refer to eye health professional urgently. Bottom line → ↗ Refer to eye health professional. If person has seen eye health professional in last 3 months → Assess for low vision assistive products.</p>
Left eye: Top line	Result	Left eye: Bottom line	
Matches 2 or more letters correctly on top line: Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes → Continue to bottom line No → Record and refer	Matches 3 or more letters correctly on bottom line: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Not able to complete distance vision test <input type="checkbox"/>			↗ Refer to eye health professional

↗ Referral recommended ↗ Write notes here

Carry out simple near vision test (40 years and older)

Correctly indicates the direction of **3 or more** E's on the Near E-chart:

Yes No

- Yes** → Near vision spectacles are not required.
- No** → Assess for near vision spectacles. **If not available**  Refer to eye health professional.

4. Plan

Refer	Health professional <input type="checkbox"/> Eye health professional <input type="checkbox"/> Other: 	
Assess	Near vision spectacles <input type="checkbox"/> Power provided:  Low vision assistive products (after eye health professional assessment) <input type="checkbox"/> → Continue to Magnifiers and telescopes assessment	No action <input type="checkbox"/>

 Referral recommended  Write notes here