

School Vision Exam Tracking by Day - Use one Sheet for Each Month

Day of the Month	Exams performed	Glasses prescribed	Strabismus	Amblyopia	Myopia	Hyperopia	Astigmatism	Other	First time patients	Scheduled for a follow-up	Entered in office recall system	Not entering Kindergarten (transfer from another state)
1st												
2nd												
3rd												
4th												
5th												
6th												
7th												
8th												
9th												
10th												
11th												
12th												
13th												
14th												
15th												
16th												
17th												
18th												
19th												
20th												
21st												
22nd												
23rd												
24th												
25th												
26th												
27th												
28th												
29th												
30th												
31st												
Monthly Totals												

Practice Name & Location:	Notes/Comments:
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Use this sheet to track your school vision exams each month.

Then either:

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| 1 | Enter the totals on the "NOA School Vision Evaluation Monthly Totals" sheet and fax back to NOA at 402-476-6547 or email noa@assocoffice.net |
| 2 | Enter the monthly totals on the Online Survey at http://www.nechildrensvision.org/SchoolVisionEvaluationTracking.html |
| 3 | Fax these sheets to NOA at 402-476-6547 or email to noa@assocoffice.net and we will compile the monthly totals for you. |