

**OCULAR MOTILITY WORKSHEET**

\* Exam and the reporting of results **MUST** conform with the instructions on the back of this form \*

<b>Pertinent History</b>																				
<b>Distant Visual Acuity</b>	OD 20/ OS 20/	<b>Manifest Refraction</b>	OD _____ Corrected to 20/ OS _____ Corrected to 20/																	
<b>Cycloplegic Refraction (as needed)</b>	OD _____ 20/ OS _____ 20/	<b>Habitual Rx</b> OD _____ OS _____ Prism (if any in specs): _____																		
Correction used for remainder of examination <input type="checkbox"/> Habitual <input type="checkbox"/> Manifest <input type="checkbox"/> None																				
<b>Cover Test</b>	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </table>										<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </table>									
Far: (all gazes)	R	L	Near (all gazes)																	
			R																	
			L																	
<b>Extraocular Motility</b>	<b>Maddox Rod or Von Graefe Prism Diopters</b>	<b>Stereopsis (Verhoeff, Randot, or Titmus) Arcseconds</b>																		
<b>Worth 4 Dot @ 20 feet</b>	<b>Vectograph (if available)</b>	<b>Red Lens Test</b>																		
<b>4<sup>A</sup> Base Out (microstrab)</b>	<b>Other test results (as applicable)</b>																			
<b>Impression:</b>		<b>Is patient NOHOSH?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No																		
<b>Provider</b>	<b>Date</b>	<b>Provider Phone</b>																		
<b>Patient Name</b>		<b>SSN</b>																		
<b>Rank/Rate</b>		<b>Unit/Address</b>																		