



VISION TEST

Select Near Vision Card (Letters, Numbers, X/O, E-direction, C-direction, Pictures)

If child/adult patient wears glasses, please check vision with glasses

Hold the phone or device 14 inches from eyes when testing

Check the vision in each eye separately

cover left eye when checking the right eye

cover right eye when checking the left eye

Record the smallest line read with right eye (gets more than half of the characters correct on that line)

Record the smallest line read with left eye (gets more than half of the characters correct on that line)

N

Z

G

J10
20/100

L

K

P

P

J17
20/70

O

Z

F

M

A

J5
20/50

H

D

M

B

F

J3
20/40

O

C

Z

X

P

J2
20/30

I

U

H

A

A

J1
20/25

Z

Z

I

Q

Z

J1+
20/20



3

2

4

J10
20/100

9

4

4

6

J7
20/70

2

1

9

8

6

J5
20/50

6

0

6

6

1

J3
20/40

4

2

4

4

4

J2
20/30

8

2

0

4

0

J1
20/25

3

3

0

1

0

J1+
20/20





o

o

x

o

o

J1+
20/20

x

x

x

o

o

J1
20/25

o

o

x

o

x

J2
20/30

x

x

x

x

x

J3
20/40

o

o

x

o

o

J5
20/50

o

x

o

x

J7
20/70

x

x

x

J10
20/100



the legs point right



J10
20/100

the legs point left



J7
20/70



J5
20/50



J3
20/40



J2
20/30



J1
20/25



J1+
20/20



open area is down



Open area is right

J10
20/100



Open area is left

J7
20/70



J5
20/50



J3
20/40



J2
20/30



J1
20/25



J1+
20/20





20/80

80



20/60

60



20/40

40



20/30