



MAYFAIR EYE CARE

VISION CHECKLIST FOR YOUNG CHILDREN – [to be a link to a form with the information below](#)
NAME: AGE: DATE:

1. APPEARANCE OF THE EYES

-] ONE EYE TURNS IN OR OUT AT ANY TIME
-] REDDENED EYES OR EYELIDS
-] EYES TEAR EXCESSIVELY
-] BLINKS EXCESSIVELY
-] RUBS EYES FREQUENTLY DURING OR AFTER SHORT
-] PERIODS OF VISUAL ACTIVITY

2. BEHAVIORAL SIGNS OF VISUAL PROBLEMS

-] SQUINTS, CLOSES OR COVERS ONE EYE
-] TILTS HEAD EXTREMELY WHILE WORKING OR PLAYING AT NEAR
-] FEELS RATHER THAN LOOKS AT THINGS
-] AVOIDS LOOKING AT BOOKS AND PUZZLES, PREFERS TOYS HE CAN HANDLE
-] HOLDS BOOKS TOO CLOSELY; FACE CLOSE TO DESK SURFACE
-] SITS VERY CLOSE TO TV (WHEN REPEATEDLY MOVED BACK)
-] COLOURING - CANNOT STAY WITHIN THE LINES (FOR AGE GROUP) OR IGNORES THE LINES

3. OTHER SIGNS / PROBLEMS NOTED

COMPLETED BY:
PARENT / TEACHER / OTHER