# Vision Test Report

**Purpose:** This report documents the findings of a comprehensive vision examination, including patient details, visual acuity measurements, and any additional notes or recommendations made by the optometrist.

## Patient Information

|  |  |  |  |
| --- | --- | --- | --- |
| **Full Name** | **Date of Birth** | **Gender** | **Examination Date** |
| {fullName} | {dateOfBirth} | {gender} | {examDate} |

## Vision Test Results

|  |  |  |  |
| --- | --- | --- | --- |
| **Eye** | **Unaided Vision** | **Corrected Vision** | **Lens Prescription** |
| {#visionTests}{eye} | {unaidedVision} | {correctedVision} | {lensPrescription}{/visionTests} |

## Color Vision

**Test Used:***{colorVisionTest}*

**Result:** {colorVisionResult}

## Peripheral Vision

**Left Eye:** {peripheralLeft}

**Right Eye:** {peripheralRight}

## Eye Health Examination

* **External Eye Observations:** {externalEye}
* **Internal Eye Observations:** {internalEye}

## Other Observations

{otherObservations}

## Recommendations

{recommendations}

{#additionalTests}

### Additional Tests Conducted

* **{testName}:** {testResult}

{/additionalTests}

## Optometrist Information

|  |  |  |
| --- | --- | --- |
| **Optometrist Name** | **Registration No.** | **Signature** |
| {optometristName} | {registrationNumber} | {signature} |

Date of Report: {reportDate}

{#requiresFollowUp}**Note:** A follow-up examination is recommended on {followUpDate}.{/requiresFollowUp}

{^requiresFollowUp}**Note:** No follow-up examination is necessary at this time.{/requiresFollowUp}