TEXAS DEPARTMENT OF HEALTH SERVICES

VISION CHARTS LOAN PROGRAM

Report Period: ***(select one)***

☐ January	☐ May	☐ September
☐ February	☐ June	☐ October
☐ March	☐ July	☐ November
☐ April	☐ August	☐ December

Loan Period: _____ **Charts Sent:** _____

City: _____ **County:** _____

HSR: _____ **Loaned to:** _____

**** * SUBMISSION OF THIS FORM IS IN addition TO THE CHRS ANNUAL SCREENING REPORT * ****

DATE	CITY	SCHOOL	SCREENER	# SCREENED	# * REFERRED
			TOTAL		

***(NUMBER REFERRED)** = Number of children who did not pass their vision screen on the second screening. Also includes children referred with signs or symptoms of a vision problem.