

A.B.C.D. SCREENING REPORT

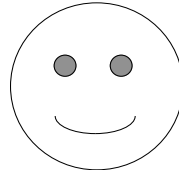
CLINIC: _____ Date: ___/___/___

ADDRESS: _____

PHONE: (907) _____ - _____ • **FACSIMILE:** (907) _____ - _____

Photographer(S) _____

Camera (yellow plaque): _____ Flash ___above or ___below lens?



NORMAL
(Eye exam on or before age 5)



NOT NORMAL
(Eye Exam Soon)

Patient: _____ Result:

Phone: _____ - _____

Patient: _____ Result:

Phone: _____ - _____

Patient: _____ Result:

Phone: _____ - _____

Patient: _____ Result:

Phone: _____ - _____

Patient: _____ Result:

Phone: _____ - _____

Patient: _____ Result:

Phone: _____ - _____

Patient: _____ Result:

Phone: _____ - _____

Patient: _____ Result:

Phone: _____ - _____

Patient: _____ Result:

Phone: _____ - _____

Patient: _____ Result:

Phone: _____ - _____

Read by: _____ Date: _____

ALASKA BLIND CHILD DISCOVERY

A cooperative charitable research project to photoscreen every rural pre-school Alaskan
 A.B.C.D. Coordinating Center: 542 West Second Avenue, Anchorage 99501 -(907)276-1617
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Mailed: