

Idaho Army National Guard
Office of the State Surgeon
Annual Vision Screening Work Sheet

Health Care Facility Name _____

Date _____

Patient's Last name, First, MI. _____

Patient's SSN# _____

Distant Vision

Right 20/_____ Corrects to 20/_____

Left 20/_____ Corrects to 20/_____

Near Vision

Right 20/_____ Corrects to 20/_____

Left 20/_____ Corrects to 20/_____

For additional information regarding this matter please contact:

Medical Support Assistant

Com: 208-422-3722

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Idaho Army National Guard

Office of the State Surgeon

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