

Eye Test Template

Name: _____

Date: _____

Visual Acuity: _____

E

1 20/200

F P

2 20/100

T O Z

3 20/70

L P E D

4 20/50

P E C F D

5 20/40

E D F C Z P

6 20/30

F E L O P Z D

7 20/25

D E F P O T E C

8 20/20

L E F O D P C T

9

F D P L T C E O

10

P E Z O L C F T D

11

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Notes: