3201 Campus Drive, Dow Center for Health Professions, Klamath Falls OR 97601
541-885-1971 541-885-1320 Sarah.Fitzpatrick@oit.edu

Name_____ Date_____

Date of Birth_____ Age_____ Gender _____

Address_____ Phone_____

Height_____ Weight_____ BP_____/_____ P_____

- Color Vision Test: ( ) Normal ( ) Deficiency Identified

Near:(R) 20/____(L)20/____(OU) 20/____Far:(R) 20/____(L)20/____(OU) 20/____

Contacts or Glasses ( ) Yes ( ) No Wearing for exam ( ) Yes ( )No

( ) Satisfactory with normal speech range ( ) Refer for testing

Corrective Devices ( ) Yes ( ) No Wearing for exam ( ) Yes ( )No

: ( ) Independent ( ) With Assistance ( ) Unable to Lift

: ( ) Both Hands ( ) Right Hand ( ) Left Hand

( ) Satisfactory ( ) Limited ( ) With Assistance Device