

# DOT Eye Test Template

Name: \_\_\_\_\_

Age: \_\_\_\_\_

Medical history (if applicable):

<b>E</b>	1	20/200
<b>F P</b>	2	20/100
<b>T O Z</b>	3	20/70
<b>L P E D</b>	4	20/50
<b>P E C F D</b>	5	20/40
<b>E D F C Z P</b>	6	20/30
<b>F E L O P Z D</b>	7	20/25
<b>D E F P O T E C</b>	8	20/20
<b>L E F O D P C T</b>	9	
<b>F D P L T C E O</b>	10	
<b>F E Z O L C F T D</b>	11	

## DOT TEST

1. ●
2. ● ●
3. ● ●
4. ● ●
5. ● ● ● ●
6. ● ● ●
7. ● ● ●
8. ● ● ● ● ● ●
9. ● ● ● ●
10. ● ● ● ●

**RESULTS:**