附件9-1

**臺中市 區學齡前兒童視力及斜弱視檢查名冊**

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| 幼兒園名稱： | | | |  |  |  |  | 造冊人員： | | | | | | |
| 篩檢日期： | | | |  |  |  |  | 聯絡電話： | | | | | | |
| 篩檢總人數： | | | |  | 異常轉介人數： | | | | |  | | | | |
| 姓名 | 性別 | | 出生日期 | 視力檢查 | | 戴鏡視力 | | NTU立體圖 | | 醫師  複檢結果 | | 矯治 | | 家長聯絡電話 |
| 男 | 女 | 右眼 | 左眼 | 右眼 | 左眼 | 正常 | 異常 | 正常 | 異常 | 無 | 有 |
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