

Dyop™ Vision and Color Contrast Screening Test Record

Authorization to Release Information

HIPAA Notification: I hereby give permission to _____, to collect and obtain information as it relates to my visual color perception. **Such information will be kept confidential as to my particulars, will be used only for research information purposes, and will not be used for any specific or general diagnosis of any medical condition.** Such information will be used only for the purpose described, and I understand that I can cancel this release at any time by notifying _____, in writing and that my cancellation will take effect when _____, receives my written notice. I understand that my cancellation will not have any effect on information released before _____ received my written notice.

NOTE: Vision Refraction Data is NOT necessary
(Fill out a separate Examination Test Form for each Subject Individual.**)

Subject: _____ **Observer:** _____ **Date:** _____ / _____ / 2013

(Fill out a separate Examination Test Form for each Subject Individual.**)

Subject: _____ **Observer:** _____ **Date:** _____ / _____ / 2013
Unaided Dyop™ ratio Right Eye 20/ _____ ****Rx Right Lens - Spherical:** _____ **Cylinder:** _____ **Axis:** _____
Unaided Dyop™ ratio Left Eye 20/ _____ ****Rx Left Lens - Spherical:** _____ **Cylinder:** _____ **Axis:** _____

**Vision Prescription information is optional.

Signature (typed imprimatur) of Person or Guardian: _____

Releasing Information: _____ **Date:** mm/dd/yy _____ / _____ / 2013

(Note: Your typed name or other unique mark in the signature block of the returned copy will serve as an adequate imprimatur for this document. Your mark of any sort in the signature line will be regarded as equally appropriate. - AH)

This test is intended for use on a computer monitor with the appropriate calibrated Dyop™ images. To use the **Color Contrast Screening Test**, open the test at <http://www.dyop.org/documents/ColorScreening.html> with your web browser and **select the correct monitor size** using the 1 inch screen diameter of the Dyop™ calibration images. **If you wear corrective lenses, the test should be taken without your wearing those lenses.**

To start the Color Contrast Screening Test, you should **clearly see** the middle row of rotating **Green-on-White** and **Blue-on-Black** Dyop™ images. **These Dyop™ images have identical physical diameters, but rotation of the different color combinations should be seen at different distances.**

Move away from the monitor (to about 10 feet) until you **can no longer detect rotation** of the middle row of identically sized **Green-on-White** or **Blue-on-Black** Dyop™ images. Remove your corrective lenses if you wear them, then note whether you **first detect rotating** either the **Green-on-White** OR the **Blue-on-Black** Dyop™ image as you approach the monitor.

Rotation detection of the **Green-on-White** Dyop™ image at the **furthest distance** rather than the **Blue-on-Black** Dyop™ image indicates **“green-dominant” chromatic vision**. Rotation detection of the **Blue-on-Black** Dyop™ image at the **furthest distance** rather than the **Green-on-White** Dyop™ image indicates **“red-dominant” chromatic vision** and a possible indicator of visual dyslexia-type symptoms.

For increased accuracy, the test should be taking with unaided vision (i.e., no glasses or contacts) and may be repeated at an approximate 20 foot viewing distance, rather than at 10 feet.

Mark the chart below with an **“X”** for either the **Green-on-White** OR the **Blue-on-Black** Dyop™ image you were able to first **detect rotating at the furthest distance** for the test distance range (10 feet or 20 feet).

Color Acuity Screening Test Record Form
WITH-OUT glasses/contacts (“X” for Green or Blue)

Color / Background	Green / on Whit	Blue / on Black
Distance	White	Black
10		
20		

Color Acuity Screening Test Record Form
WITH glasses/contacts (“X” for Green or Blue)

Color / Background	Green / on Whit	Blue / on Black
Distance	White	Black
10		
20		

Personal Category (circle one item from each category)

1. Gender (circle one item)	Male	Female	
2. Age (circle one item)	10-15	16-20	21-25
	31-35	36-45	46-55
3. Ethnicity (circle one item)	Caucasian	African-American	Hispanic
	Pacific Islander	Native American	Asian