

TEXAS DSHS VISION SCREENING PRACTICE EXAM (SAMPLE)

STUDY GUIDE



SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

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THE FULL VERSION STUDY GUIDE**

<https://txdshsvisionsscreening.examzify.com>



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Introduction

Preparing for a certification exam can feel overwhelming, but with the right tools, it becomes an opportunity to build confidence, sharpen your skills, and move one step closer to your goals. At Examzify, we believe that effective exam preparation isn't just about memorization, it's about understanding the material, identifying knowledge gaps, and building the test-taking strategies that lead to success.

This guide was designed to help you do exactly that.

Whether you're preparing for a licensing exam, professional certification, or entry-level qualification, this book offers structured practice to reinforce key concepts. You'll find a wide range of multiple-choice questions, each followed by clear explanations to help you understand not just the right answer, but why it's correct.

The content in this guide is based on real-world exam objectives and aligned with the types of questions and topics commonly found on official tests. It's ideal for learners who want to:

- Practice answering questions under realistic conditions,
- Improve accuracy and speed,
- Review explanations to strengthen weak areas, and
- Approach the exam with greater confidence.

We recommend using this book not as a stand-alone study tool, but alongside other resources like flashcards, textbooks, or hands-on training. For best results, we recommend working through each question, reflecting on the explanation provided, and revisiting the topics that challenge you most.

Remember: successful test preparation isn't about getting every question right the first time, it's about learning from your mistakes and improving over time. Stay focused, trust the process, and know that every page you turn brings you closer to success.

Let's begin.

How to Use This Guide

This guide is designed to help you study more effectively and approach your exam with confidence. Whether you're reviewing for the first time or doing a final refresh, here's how to get the most out of your Examzify study guide:

1. Start with a Diagnostic Review

Skim through the questions to get a sense of what you know and what you need to focus on. Your goal is to identify knowledge gaps early.

2. Study in Short, Focused Sessions

Break your study time into manageable blocks (e.g. 30 – 45 minutes). Review a handful of questions, reflect on the explanations.

3. Learn from the Explanations

After answering a question, always read the explanation, even if you got it right. It reinforces key points, corrects misunderstandings, and teaches subtle distinctions between similar answers.

4. Track Your Progress

Use bookmarks or notes (if reading digitally) to mark difficult questions. Revisit these regularly and track improvements over time.

5. Simulate the Real Exam

Once you're comfortable, try taking a full set of questions without pausing. Set a timer and simulate test-day conditions to build confidence and time management skills.

6. Repeat and Review

Don't just study once, repetition builds retention. Re-attempt questions after a few days and revisit explanations to reinforce learning. Pair this guide with other Examzify tools like flashcards, and digital practice tests to strengthen your preparation across formats.

There's no single right way to study, but consistent, thoughtful effort always wins. Use this guide flexibly, adapt the tips above to fit your pace and learning style. You've got this!

Questions

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- 1. Children who wear glasses or contacts should always remove them before screening.**
 - A. True
 - B. False
 - C. Sometimes
 - D. Only if asked
- 2. What is a key setup consideration when preparing the screening?**
 - A. It is important to hand the screening chart in dim light with shadows.
 - B. Backlighting should be used to enhance visibility.
 - C. It should be handed in normal light without shadows or glare.
 - D. Angle the chart away from the light to reduce glare.
- 3. Where should the light reflection be observed during the Hirschberg test for normal alignment?**
 - A. Center of each pupil
 - B. Off-center toward the temple
 - C. Off-center toward the nose
 - D. Center of the cornea near the edge of the pupil
- 4. During practice, which eye(s) should the child keep open?**
 - A. Only the eye being tested should remain open.
 - B. Both eyes should be kept open, even though one will be covered.
 - C. Both eyes should be closed during practice.
 - D. Only the non-tested eye should remain open.
- 5. Passing the visual acuity screen is determined by reading the majority (at least one more than half) of the symbols on the passing line.**
 - A. True
 - B. False
 - C. It varies by chart type.
 - D. Not determinable from the information provided.

- 6. Which scenario would NOT automatically trigger a PCP referral?**
- A. Shows signs on first screen
 - B. All screening measures pass and no signs
 - C. Failure of second screen
 - D. Repeatedly fails muscle balance tests
- 7. The Hirschberg corneal light reflex test is used to detect possible:**
- A. Strabismus (eye alignment imbalance).
 - B. Astigmatism (uneven corneal curvature).
 - C. Significant hyperopia (farsightedness).
 - D. Severe myopia (nearsightedness).
- 8. The HOTV Crowded Test may be used at a 20-foot distance.**
- A. True
 - B. False
 - C. It's used at 10 feet.
 - D. It cannot be used at any distance.
- 9. Which statement about rescreening is correct?**
- A. If a child fails in one or both eyes, rescreen within 2-3 weeks.
 - B. If signs or symptoms exist, always rescreen before referral.
 - C. If signs exist during the first screening, rescreen immediately.
 - D. Rescreening is not recommended after a fail.
- 10. Which of the following best describes the primary purpose of vision screening?**
- A. To identify amblyopia so that treatment can be started if needed.
 - B. To determine eye color.
 - C. To measure intraocular pressure.
 - D. To diagnose all eye diseases.

Answers

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1. B
2. C
3. A
4. B
5. A
6. B
7. A
8. B
9. A
10. C

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Explanations

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1. Children who wear glasses or contacts should always remove them before screening.

- A. True
- B. False**
- C. Sometimes
- D. Only if asked

During vision screening, you want to measure how well a child sees with the correction they actually use. Keeping glasses or contacts on shows whether the current prescription provides adequate acuity in everyday life and helps identify the need for an updated prescription. Removing them would test unaided vision, which doesn't reflect the child's typical functioning and can misrepresent their refractive status. So, it's not required to remove corrective wear; most screening protocols expect the child to wear their glasses or contacts unless the protocol specifies otherwise. If a child can't wear them for a valid reason, document that and proceed with the screening using the available method.

2. What is a key setup consideration when preparing the screening?

- A. It is important to hand the screening chart in dim light with shadows.
- B. Backlighting should be used to enhance visibility.
- C. It should be handed in normal light without shadows or glare.**
- D. Angle the chart away from the light to reduce glare.

Normal, even lighting without shadows or glare is essential when preparing the screening. Clear, consistent illumination lets the chart be read with true contrast, so you're accurately assessing what the person can see. Dim light or shadows can obscure parts of the chart and distort acuity readings, leading to unreliable results. Glare from backlighting or lighting angled toward the chart can wash out letters or create reflections that mimic poorer vision. Keeping the lighting neutral and avoiding direct glare ensures your measurements reflect the person's actual visual ability, which is why this setup is the best choice.

3. Where should the light reflection be observed during the Hirschberg test for normal alignment?

- A. Center of each pupil**
- B. Off-center toward the temple
- C. Off-center toward the nose
- D. Center of the cornea near the edge of the pupil

During the Hirschberg test, you use the corneal light reflex to gauge where each eye's visual axis is aimed. For normal alignment, this corneal light reflex should fall at the center of each pupil. When the reflex is centered in both eyes, the eyes are considered aligned. If one reflex shifts away from the center, it indicates a deviation and helps estimate the direction and magnitude of misalignment. So the best observation for normal alignment is the reflection located at the center of each pupil.

4. During practice, which eye(s) should the child keep open?

- A. Only the eye being tested should remain open.
- B. Both eyes should be kept open, even though one will be covered.**
- C. Both eyes should be closed during practice.
- D. Only the non-tested eye should remain open.

During practice, the goal is to mirror how the actual screening works while keeping the child comfortable with binocular viewing. You cover the eye not being tested to isolate the other eye, but both eyes should stay physically open. The covered eye is simply blocked from vision, not forced to stay shut. This helps the child see and respond as they would in real life, reduces confusion, and prevents unnecessary strain or suppression. So, both eyes should be kept open, with one eye occluded to test the other.

5. Passing the visual acuity screen is determined by reading the majority (at least one more than half) of the symbols on the passing line.

- A. True**
- B. False
- C. It varies by chart type.
- D. Not determinable from the information provided.

In vision screening, you pass a line only if you correctly identify more than half of the symbols on that line. This majority rule helps ensure that the person truly recognizes the symbols and isn't just guessing. The exact number you must read isn't fixed—it's determined by how many symbols are on the line. For a line with five symbols, you'd need at least three correct; for a line with six symbols, at least four, and so on. So the statement that passing is based on reading the majority of the symbols on the passing line is correct, because the criterion is always about recognizing more than half, regardless of the specific line.

6. Which scenario would NOT automatically trigger a PCP referral?

- A. Shows signs on first screen
- B. All screening measures pass and no signs**
- C. Failure of second screen
- D. Repeatedly fails muscle balance tests

The main concept here is when vision screening results prompt a referral to a primary care physician. In most screening programs, a referral is triggered by any indication of a potential problem: signs noticed during screening, an abnormal result on an acuity or alignment test, or a failure in a screening step. When all screening measures come back normal and there are no signs of trouble, there is no automatic need to refer. That's why the scenario where everything passes and no signs are observed would not automatically trigger a PCP referral. The other scenarios—seeing signs on the first screen, failing the second screen, or repeatedly failing muscle balance tests—all point to potential vision issues and would typically lead to a referral for a comprehensive evaluation.

7. The Hirschberg corneal light reflex test is used to detect possible:

- A. Strabismus (eye alignment imbalance).**
- B. Astigmatism (uneven corneal curvature).
- C. Significant hyperopia (farsightedness).
- D. Severe myopia (nearsightedness).

The Hirschberg corneal light reflex test is used to screen for eye alignment problems, i.e., strabismus. By shining a light on the eyes and observing where the corneal light reflex falls, you can gauge whether the eyes are pointing in the same direction. When both eyes are properly aligned, the reflections appear in roughly the same central spot on each cornea. If one eye is misaligned, the reflex on that eye shifts relative to the pupil, signaling a potential alignment issue. This makes it a quick and useful screening tool, especially for young children who may not be able to articulate vision problems. It doesn't measure refractive errors like astigmatism, farsightedness, or nearsightedness; those require refractive tests or keratometry. If an abnormal reflex is observed, a full eye examination is needed.

8. The HOTV Crowded Test may be used at a 20-foot distance.

- A. True
- B. False**
- C. It's used at 10 feet.
- D. It cannot be used at any distance.

The performance of the HOTV Crowded Test relies on a fixed testing distance to ensure the acuity measured matches the standard reference. This test is calibrated for 10 feet (about 3 meters), with the crowded arrangement designed to yield valid distance acuity results at that distance. If you move to 20 feet, the letters would subtend a smaller visual angle, and the test would not measure the intended acuity level, producing unreliable results. So, using it at 20 feet is not correct; the test is used at 10 feet.

9. Which statement about rescreening is correct?

- A. If a child fails in one or both eyes, rescreen within 2-3 weeks.**
- B. If signs or symptoms exist, always rescreen before referral.
- C. If signs exist during the first screening, rescreen immediately.
- D. Rescreening is not recommended after a fail.

When a screening result is not passing, you want to verify the result and rule out temporary factors like fatigue, poor cooperation, or glare. Rescreening within 2–3 weeks gives a quick, practical follow-up window to confirm whether the issue persists or was a one-time problem, guiding the next step—whether to refer or to continue monitoring. If there are signs or symptoms of a vision problem, that indicates potential pathology that needs professional evaluation, so referral should happen promptly rather than waiting to rescreen. Similarly, if signs were present during the first screening, delaying with another rescreen isn't appropriate; the child should be referred for a full eye exam. Rescreening after a fail is a standard, helpful step, not something to avoid.

10. Which of the following best describes the primary purpose of vision screening?

- A. To identify amblyopia so that treatment can be started if needed.
- B. To determine eye color.
- C. To measure intraocular pressure.**
- D. To diagnose all eye diseases.

Vision screening is about flagging children who may have vision problems that could affect learning and development so they can get a full eye examination and appropriate care. It isn't a test to diagnose all eye diseases, nor is it about measuring eye pressure or determining eye color. The most fitting idea here is that screening helps identify amblyopia risk and other vision issues so that, if a problem is confirmed on a comprehensive exam, treatment can be started. Early detection of refractive errors or misalignment is crucial to prevent long-term vision loss, which is why screening focuses on detecting potential problems and referring for a complete evaluation rather than diagnosing diseases or assessing eye pressure.

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Next Steps

Congratulations on reaching the final section of this guide. You've taken a meaningful step toward passing your certification exam and advancing your career.

As you continue preparing, remember that consistent practice, review, and self-reflection are key to success. Make time to revisit difficult topics, simulate exam conditions, and track your progress along the way.

If you need help, have suggestions, or want to share feedback, we'd love to hear from you. Reach out to our team at hello@examzify.com.

Or visit your dedicated course page for more study tools and resources:

<https://txdshsvisionscreening.examzify.com>

We wish you the very best on your exam journey. You've got this!

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