

Multi-Ethnic Study of Atherosclerosis
Exam 2



Photography Completion

Id#:

Acrostic: _____

Date: / /
of photo Month Day Year

Clinic: _____

Mesa Eye Study – Photography Completion Form

1 Photographer ID#:

Name:

2 Vision History Questionnaire : / /
Completion Date Month Day Year

3 Is a copy enclosed? Yes
 No

4 Eye? Right
(Mark one) Left

5 Field? F1
 F2
 Other:

6 Flash Setting? 1
 2
 3

7 Number of Images Captured:

Comments:

For MESA Field Center Use Only

Reviewer ID#

Data Entry ID#

Date form received: / /
Month Day Year