

VISUAL HEALTH FORM

Good eyesight is recognized as essential to the learning process. It is required that children receive an evaluation of their vision prior to their enrollment in the Kindergarten program.

At the time of the examination, please ask your eye care specialist to complete this statement, and then return it to the school nurse.

Name: _____ Age: _____

VISUAL ACUITY: Uncorrected right eye _____ left eye _____

Corrected right eye _____ left eye _____

DEFECT: Myopia _____ Hyperopia _____ Astigmatism _____

Binocular co-ordination _____ Tropias _____

Phorias _____ Convergence _____ Supression _____

Stereopsis _____ Color Vision _____

TREATMENT: Glasses _____ If required, how are they to be worn? _____

ANY SPECIAL SEATING ARRANGEMENT NEEDED FOR THE CLASSROOM? _____

REFERRAL: Medical _____ Surgical _____

Visual Training _____ No Rx at present _____

RECOMMENDATION FOR RE-EVALUATION: ___ Weeks ___ Months ___ Years

COMMENTS:

Date

Signature of Eye Care Specialist

