

**POMONA UNIFIED SCHOOL DISTRICT
Health Services & Programs**

To: _____ (Teacher) Date: _____

From: _____ (School Nurse) School: _____

The following students have been referred for vision exams this year. Please let me know of any follow-up (i.e. glasses) that you are aware of. I would appreciate you speaking to parents about these referrals during any contact you may have with them.

<i>STUDENT NAME</i>	<i>Date Referred</i>	<i>Care Received (please circle)</i>	<i>COMMENTS</i>
1.		YES NO	
2.		YES NO	
3.		YES NO	
4.		YES NO	
5.		YES NO	

Thank you for your assistance. Please return this form to me at your earliest convenience.

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