

### Eye Report for Children with Visual Problems

NAME OF PUPIL \_\_\_\_\_ SEX \_\_\_\_\_  
 (Type or print) (First) (Middle) (Last)  
 ADDRESS \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_  
 (No. and street) (City or town) (County) (State) (Month) (Day) (Year)  
 GRADE \_\_\_\_\_ SCHOOL \_\_\_\_\_ ADDRESS \_\_\_\_\_

**I. HISTORY**

- A. Probable age of onset of vision impairment. Right eye (O.D.) \_\_\_\_\_ Left eye (O.S.) \_\_\_\_\_
- B. Severe ocular infections, injuries, operations, if any, with age at time of occurrence \_\_\_\_\_
- C. Has pupil's ocular condition occurred in any blood relative(s)? \_\_\_\_\_ If so, what relationship(s)? \_\_\_\_\_

**II. MEASUREMENTS (See back of form for preferred notation for recording visual acuity and table of approximate equivalent.)**

A. VISUAL ACUITY	DISTANT VISION			NEAR VISION			PRESCRIPTION		
	Without correction	With best correction*	With low vision aid	Without correction	With best correction*	With low vision aid	Sph.	Cyl.	Axis
Right eye (O.D.)	_____	_____	_____	_____	_____	_____	_____	_____	_____
Left eye (O.S.)	_____	_____	_____	_____	_____	_____	_____	_____	_____
Both eyes (O.U.)	_____	_____	_____	_____	_____	_____	_____	_____	_____

- Date \_\_\_\_\_
- B. If glasses are to be worn, were safety lenses prescribed in: Plastic \_\_\_\_\_ Tempered glass \_\_\_\_\_ \*with ordinary lenses
- C. If low vision aid is prescribed, specify type and recommendations for use. \_\_\_\_\_
- D. FIELD OF VISION: Is there a limitation? \_\_\_\_\_ If so, record results of test on chart on back of form.  
 What is the widest diameter (in degrees) of remaining visual field? O.D. \_\_\_\_\_ O.S. \_\_\_\_\_
- E. Is there impaired color perception? \_\_\_\_\_ If so, for what color(s)? \_\_\_\_\_

**III. CAUSE OF BLINDNESS OR VISION IMPAIRMENT**

- A. Present ocular condition(s) responsible for vision impairment. (If more than one, specify all but underline the one which probably first caused severe vision impairment.) O.D. \_\_\_\_\_  
 O.S. \_\_\_\_\_
- B. Preceding ocular condition, if any, which led to present condition, or the underlined condition, specified in A. O.D. \_\_\_\_\_  
 O.S. \_\_\_\_\_
- C. Etiology (underling cause) of ocular condition primarily responsible for vision impairment. (e.g. specific disease, injury, poisoning, heredity or other prenatal influence.) O.D. \_\_\_\_\_  
 O.S. \_\_\_\_\_
- D. If etiology is injury or poisoning, indicate circumstances and kind of object or poison involved. \_\_\_\_\_

**IV. PROGNOSIS AND RECOMMENDATIONS**

- A. Is pupil's vision impairment considered to be: Stable \_\_\_\_\_ Deteriorating \_\_\_\_\_ Capable of improvement \_\_\_\_\_ Uncertain \_\_\_\_\_
- B. What treatment is recommended, if any? \_\_\_\_\_
- C. When is reexamination recommended? \_\_\_\_\_
- D. Glasses: Not needed \_\_\_\_\_ To be worn constantly \_\_\_\_\_ For close work only \_\_\_\_\_ Other (specify) \_\_\_\_\_
- E. Lighting requirements: Average \_\_\_\_\_ Better than average \_\_\_\_\_ Less than average \_\_\_\_\_
- F. Use of eyes Unlimited \_\_\_\_\_ Limited, as follows: \_\_\_\_\_
- G. Physical activity: Unrestricted \_\_\_\_\_ Restricted, as follows \_\_\_\_\_

TO BE FORWARDED BY EXAMINER TO: Date of examination \_\_\_\_\_  
 Signature of examiner \_\_\_\_\_  
 Address \_\_\_\_\_