

EYE EXAMINATION/VISION EVALUATION

Dear Parents,

Eye examinations for the school child are especially important to help assure a lifetime of good vision. Early detection and treatment might prevent vision problems, which could handicap your child's learning.

If you have not already done so, we encourage you to have a complete eye examination done yearly by your family eye doctor/ophthalmologist.

Please have him/her complete this form and return to the school office.

Roberta Stoll, RN

Name of Student: _____

DOB ___/___/___

Vision: Without correction: OD _____ OS _____

With correction: OD _____ OS _____

Muscle balance: _____

Glasses needed? _____

Constant _____ Close work _____ Distance _____

Comments and recommendations/Diagnosis:

(Preferential seating, sight saving aids, date of return visit, etc.)

_____/_____
Name of Examiner Signature

_____/_____
Address Telephone

Date ___/___/___