

Student First/Last Name _____ Exam Date _____

Student Date of Birth _____ Student Home Zip Code _____

TO THE PARENT OR GUARDIAN: To fully assess the health of your child's visual system and prevent future learning problems associated with undetected vision problems, regular professional eye exams are essential. Experts estimate that 80% of learning is obtained through vision. Good vision directly contributes to a child's ability to learn while in school. As part of your back-to-school preparations, it is recommended that you take your child and this card to your family eye doctor for a complete eye health examination. **This card should be signed by the eye care professional and returned to the school nurse or teacher by your child.**

VISUAL ACUITY

	AT DISTANCE		AT NEAR	
☐ Without correction	R 20/____	L 20/____	R 20/____	L 20/____
☐ With present correction	R 20/____	L 20/____	R 20/____	L 20/____
☐ With new correction	R 20/____	L 20/____	R 20/____	L 20/____

EXTERNAL EYE HEALTH

☐ Normal ☐ Other _____

INTERNAL EYE HEALTH

☐ Normal ☐ Other _____

VISION ANALYSIS

R L

- ☐ Normal eyesight
- ☐ Nearsighted (myopia)
- ☐ Farsighted (hyperopia)
- ☐ Astigmatism
- ☐ Amblyopia

- ☐ Eye teaming difficulty
- ☐ Crossed-eyes (strabismus)
- ☐ Eye focusing difficulty
- ☐ Sensitivity to light

Other _____

VISION CORRECTION RECOMMENDATIONS

- ☐ No correction necessary
- ☐ No change in present prescription
- ☐ New prescription needed

To be worn for:

- ☐ Constant wear ☐ Near vision only
- ☐ Distance vision only ☐ As needed

TO THE EYE CARE PROFESSIONAL: Please sign and date this card after examination.

Dr. Name (Please Print) _____

Date _____ Signature _____

THE FOLLOWING ORGANIZATIONS RECOMMEND THE USE OF THE STUDENT VISION CARD

