



ST. MARY ACADEMY - BAY VIEW

NINTH GRADE VISION SCREENING FORM

A vision screening of ninth grade students is required by the state and will be conducted at St. Mary Academy - Bay View to rule out any vision problems which may interfere with a student's learning ability. A report must be sent from the doctor prior to the school screening if your daughter has been tested recently by her own eye doctor. If the documentation is not submitted prior to the scheduled screening (or if permission to screen a student has not been returned), your daughter will automatically be screened. Please note that the screeners do not return for missed evaluations.

If you prefer that your daughter be examined by her own eye doctor (not her pediatrician), please have an appointment scheduled and the report sent to the Upper School nurse, so that it can be documented on your daughter's school health record as soon as possible. The Vision Screening Report form is available on the following page for your convenience, or the doctor may use his/her own form provided the required information is included.

Please complete the following information:

Student Name

Grade

Select One:

- I wish to have my daughter tested at Bay View.**
- I do not wish to have my daughter tested at Bay View.**
I will provide the required documentation from her eye doctor.
- I do not wish to have my daughter tested at Bay View.**
I have scheduled an appointment with her eye doctor on _____
 - I will send in the report when completed.*

Parent/Guardian Signature

Date



ST. MARY ACADEMY - BAY VIEW

VISION SCREENING REPORT

Student Name

Grade

Date of Birth

Functions Tested: Distance Visual Acuity, Near Visual Acuity and Ocular Alignment

Date of Exam

RESULTS: Vision w/o glasses: Myopia : R_____ L_____ Hyperopia: R_____ L_____

Binocular

Vision w/ glasses: Myopia : R_____ L_____ Hyperopia: R_____ L_____

Binocular

As the eye care professional for the above noted student, I certify that this student has undergone an eye exam that meets the state vision screening requirements.

Signature of Eye Care Professional

Date