

MT OLIVE TOWNSHIP PUBLIC SCHOOLS  
 School Health Services  
 Kindergarten Vision Examination Form

The Mt. Olive Township Board of Education recommends that all pre-school children have a complete eye examination before entering school in the fall. Good vision is essential to success in school.

Upon completion of the eye examination, have the examiner indicate his/her findings and recommendations on the form below. This form should be returned to the school nurse.

\_\_\_\_\_  
 Student Name: \_\_\_\_\_ Exam Date: \_\_\_\_\_

I have given a complete eye exam with the following diagnosis and recommendations:

		Distance	Near		Distance	Near
<b>Vision without correction</b>	O.D.			O.S.		
<b>Vision with correction</b>	O.D.			O.S.		

**Muscle Balance** \_\_\_\_\_

**Color Test** \_\_\_\_\_

**Stereopsis** \_\_\_\_\_

**Eye Defects** \_\_\_\_\_

**Recommendations/Conclusions: Please circle or indicate other**

1. Normal eye examination
2. Corrective lens prescribed:    YES    NO
3. Re-examination recommendation: \_\_\_\_\_ (Date of return visit)
4. Other: \_\_\_\_\_  
 (preferential seating, etc.)

Form Completion Date: \_\_\_\_\_ Practitioner Signature: \_\_\_\_\_

Please PRINT:    Name of Physician \_\_\_\_\_  
 (or stamp)  
                     Address \_\_\_\_\_  
                     Phone \_\_\_\_\_