KDE/DSS **Kentucky Eye Examination Form for School Entry** **KDESHS004**

KRS 156.160 (1) (g) requires proof of a vision examination by an optometrist or ophthalmologist. This evidence shall be submitted to the school no later than January 1 of the first year that a three (3), four (4), five (5) or six (6) year old child is enrolled in public school, public preschool, or Head Start program.

PLEASE COMPLETE THE IDENTIFYING INFORMATION

Date of student's enrollment: _____ **Date of Vision Examination: _____**

IDENTIFYING INFORMATION

Student Name: _____

Date of Birth: _____

Parent or Guardian Name: _____

CASE HISTORY

Date of Exam: _____

Ocular History: Normal or Positive for: _____

Medical History: Normal or Positive for: _____

Drug Allergies: NKDA or Allergic to: _____

Family Ocular and Medical History: ڤ Amblyopia ڤ Strabismus ڤ Glaucoma ڤ Diabetes

Other: _____ _____

Other Pertinent Information: _____

Refraction with cycloplegic? (Please indicate one.) ڤ YES ڤ NO

	OD	**OS**
Unaided Acuity	20/	20/
Best Corrected Acuity	20/	20/

Type of Examination	Normal	Abnormal	Notable to Assess
External Exam (eye and adnexa)			
Internal Exam (media, lens, fundus, etc)			
Neurological Integrity (pupils)			
Binocular Function (stereopsis)			
Accommodation and convergence			
Color Vision			

Diagnosis:

ڤ Normal ڤ Myopia ڤ Hyperopia ڤ Astigmatism ڤ Strabismus ڤ Amblyopia

Other: _____

Recommendations:

1 Glasses prescribed: ڤ YES ڤ NO
2 _____
3 _____

Age appropriate and suggested anticipatory guidance (health assessments):

- ڤ Educate (parents/patients) about eye/vision disorders and needed vision care
- ڤ Counsel (parents/patients) regarding eye safety
- ڤ Stress importance of early, preventative eye care
- ڤ Recommend re-examination, as appropriate

Signed: _____ Date: _____
Optometrist/Ophthalmologist

Address: _____ Telephone: ( ) _____