



SCHOOL DISTRICT OF WISCONSIN DELLS

CONNECT + INSPIRE + ACHIEVE

Everyone. Every day.

Spring Hill School
300 Vine Street
Wisconsin Dells, WI 53965
(608) 253-2468
Fax (608) 253-6397

Neenah Creek School
PO Box 68
Briggsville, WI 53920
(608) 981-2341
Fax (608) 981-2104

Lake Delton Elementary School
PO Box 280
Lake Delton, WI 53940
(608) 253-4391
Fax (608) 254-6765

Eye Examination (4K & 5K)

Student's Name: _____ Date of Birth: _____ Grade: _____

Parent or Guardian: _____ Phone Number: _____

Address: _____ School: _____

TO THE PARENT OR GUARDIAN: We recommend that you take your child for an eye examination prior to entering school for the first time. School vision screenings are for distance only and may not detect all eye problems. PLEASE RETURN THIS FORM TO THE SCHOOL signed by the optometrist or physician after completion of the eye examination.

To be completed by Optometrist or Physician:

Internal Eye Health:

Normal
Other _____

External Eye Health:

Normal
Other _____

Visual Acuity:

without correction

Distance R 20/ _____ L 20/ _____

Near R 20/ _____ L 20/ _____

with correction

Distance R 20/ _____ L 20/ _____

Near R 20/ _____ L 20/ _____

Vision Analysis:

Normal Eyesight
Farsighted (hyperopia)
Nearsighted (myopia)
Astigmatism
Lazy eye (amblyopia)
Crossed-eyes (strabismus)
Eye Teaming Difficulty
Focus Difficulty
Color Blindness
Other _____

Glasses to be Worn:

At all times
Near vision
Distance vision
Other _____

Comments/Other Findings: _____

Examiner Signature: _____ Exam date: _____

Printed Name of Examiner: _____

Clinic: _____ Phone Number: _____

Address: _____

Please return this form to the School (address listed above). Thank you.