

PARENT/GUARDIAN NOTIFICATION OF VISION SCREENING RESULTS AND REFERRAL

Student Name: _____ DOB: ___/___/___ Date: _____
 Student Address: _____ Grade: _____
 School Name: _____ School Phone: _____

Dear Parent/Guardian:

- Your child was screened for vision at school and no issues were noted.
- Your child was screened for vision at school, he/she had some trouble reading the charts. Screening results do not always mean there is a problem. Please have your child's eyes examined by an eye care professional and ask them to complete this form. Return the completed form to the school as soon as possible.
- Staff observations attached.

School Vision Screening Results

(Note: It is optional to test students with corrective lenses to be tested without lenses)

Vision Test	With Lenses	Without Lenses
Distance Vision Acuity	Right Eye 20/_____	Right Eye 20/_____
	Left Eye 20/_____	Left Eye 20/_____
Near Vision Acuity	Right Eye 20/_____	Right Eye 20/_____
	Left Eye 20/_____	Left Eye 20/_____
Color Perception	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	
Optional: Hyperopia Screening	<input type="checkbox"/> Able to see 20/_____ with diopter lens strength +_____	
School Health Professional: _____		Date: _____

Report of Professional Eye Examination to the School

Date of examination: _____ Corrected Visual Acuity Right 20/_____ Left 20/_____

Vision Test	With Lenses	Without Lenses
Distance Vision Acuity	Right Eye 20/_____	Right Eye 20/_____
	Left Eye 20/_____	Left Eye 20/_____
Near Vision Acuity	Right Eye 20/_____	Right Eye 20/_____
	Left Eye 20/_____	Left Eye 20/_____
Color Perception	Results if Fail:	
Optional: Hyperopia Screening	Able to see 20/_____ with diopter lens strength +_____	

Peripheral vision, if fields are restrictive, indicate degree and location:

Diagnosis:

Plan: No Treatment at this time Eyeglasses Contact Lenses Patch Other:

Frequency of use: Wear at all times For distance only For reading tasks only Other:

Physical Education: Wear for Physical Education Remove for Physical Education

Medical Provider: _____ (Signature) _____ (Phone) _____ (Date)

For school use:

- Completed form received on date: _____
- Completed form not returned to school