

Georgia Instructional Materials Center

Eye Report for Vision Services & APH Registration



Section 1: Demographics

Student Name: _____ DOB: _____

School System: _____ Date of Current Eye Exam: _____

Section 2: Eligibility for Vision Services and Federal Quota Fund Registration (mark all that apply)

- ☐ **Visually Impaired (VI)** 20/70 or less in the better eye after correction or there is a limited visual field that could adversely affect educational progress.
- ☐ **Meets the Definition of Blindness (MDB)** 20/200 or less in the better eye after correction or visual field no greater than 20 degrees.
- ☐ **Meets the Definition of Blindness (MDB) Immutable Condition** (bilateral enucleations, etc)
- ☐ **Functions at the Definition of Blindness (FDB)** Students in this category manifest unique visual characteristics often found in conditions referred to as neurological, cortical, or cerebral visual impairment.

Section 3: Visual Diagnosis & Prognosis

Diagnosis: _____

Prognosis: ☐ stable ☐ unstable ☐ capable of improving ☐ uncertain

Section 4: Acuties & Visual Fields *If unable to obtain Snellen Acuity, consider the FDB criteria*

	Distance Acuity (ft.)			Near Acuity (in.)		
	O.D.	O.S.	O.U.	O.D.	O.S.	O.U.
Corrected						
Without Correction						

Counts Fingers: ☐ O.D. ☐ O.S. Hand Movement: ☐ O.D. ☐ O.S.

Object Perception: ☐ O.D. ☐ O.S. Light Perception: ☐ O.D. ☐ O.S.

Is there a field limitation? ☐ Yes ☐ No If yes, please describe: _____

Please attach diagram of visual fields if tested.

Section 5: Prescription *Complete if glasses and/or contact lenses prescription issued*

OD: sphere _____ Cylinder _____ Axis _____

OS: sphere _____ Cylinder _____ Axis _____

Glasses: ☐ To be worn constantly ☐ for close work only ☐ for distance only ☐ for protection

Section 6: Surgery, medications:

Section 7: Recommendations (lighting levels, restrictions, attach additional pages if necessary)

Section 8: Authorizations

Doctor's Name Printed: _____

Name of Practice: _____

Doctor's Signature: _____ MD or OD (circle one)

Parent/guardian Signature: _____ Date: _____

I authorize the above person to release this information for educational purposes.