Discover the Excellence

SCHOOL HEALTH SERVICES
Rochester City School District
131 West Broad Street
Rochester, New York 14614

VISION: Report from Eye Care Specialist for _____

I. Visual Acuity | **Without Correction** | **With Correction**

A. Distance Vision — R _____ L _____ | R _____ L _____

B. Near Vision — R _____ L _____ | R _____ L _____

C. Peripheral vision _____

II. Diagnosis: _____

III. Lens Requirements:

- ☐ Correction not required
- ☐ Correction prescribed
  - ☐ Glasses ☐ Contacts
- ☐ Shatterproof / Sports frame
- ☐ Treatment postponed

IV. Recommended use, i.e. when should correction be worn? _____

V. Recommended use during physical education: ☐ wear ☐ remove

VI. Should physical activities be limited? ☐ **Yes** ☐ **No** (If yes, please explain)

_____

Professional standards generally consider a child functionally monocular if the best corrected vision in one or both eyes is less than 20/40. Other children to be considered functionally monocular include those with a history of retinal detachment, previous serious ocular injury, and/or serious ocular surgery.

The following restrictions are recommended for these children. ***PLEASE SELECT THE RESTRICTIONS YOU WANT FOR THIS STUDENT:***

- ❑ No boxing, wrestling, martial arts, or high-diving*;*
- ❑ An American Society for Testing Materials (ASTM)-approved eye protector with polycarbonate lenses, side protection, and a strap to secure the glasses firmly must be worn for any phase of practice or play of Section V competitive sports that have a risk for eye injury.*
- ❑ This eye-protector must be worn during other activities where eye safety is a concern.

Additional restrictions, comments: _____

_____

_____ Date of Examination

_____ Examiner's Signature and Title

_____ Phone / FAX

_____ Address

NOTE: ** For competitive sports, Monroe County Department of Health requires the examination and recommendation of an ophthalmologist every two years for a student with one eye, uncorrectable vision of 20/200 in one eye, a history of retinal detachment, serious ocular injury, or serious ocular surgery*

Please MAIL or FAX directly to SCHOOL this student attends.