

Southampton Township Schools

In Historic Village of Vincentown

Southampton, NJ 08088

Building a Tradition of Excellence

REPORT OF EYE EXAMINATION

Name _____ Date Examined _____

Address _____

School: _____ School #1 _____ School #2 _____ School #3

Visual Acuity: s lenses: RE _____ LE _____ Both _____

c lenses: RE _____ LE _____ Both _____

Diagnosis: _____

Lenses prescribed? Yes _____ No _____ For constant wear? Yes _____ No _____

New Prescription? Yes _____ No _____ Special seating in class? Yes _____ No _____

Should child return for further examination and/or treatment?

Yes _____ No _____

When? _____

Other recommendations: _____

Name of eye specialist: _____ Phone: _____

Address: _____

Signature: _____

It will help us if you will fill in this report and return it to the school nurse. Your diagnosis and recommendations will assist us in planning this student's program in school.

Thank you.

Sincerely,

Rebecca Smith, RN, BSN, CSN
School #1 Nurse

Jennifer Mikulski, RN, BSN, CSN
School #2 and #3 Nurse