



Innovate Collaborate Inspire

Preschool Vision Examination Report Form

School: Mini Monarch Academy

1280 Charles Lane, Marysville, OH 43040

Phone (937) 578-6700

Fax (937) 814-4122

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Telephone: \_\_\_\_\_

Sex:  Male  Female Parent/Guardian: \_\_\_\_\_

Address: \_\_\_\_\_

Completed by Eye Doctor

Vision Concerns/Diagnosis:

Is the child Visually Impaired?  Yes  No  Unsure

Visual Acuities:

\*Please record whatever acuities are available. If numerical acuity data is not available, please indicate best estimates (e.g. NLP, LP, LProj., HM, Fixes & Follows, CSM or "suspect significant vision problem", etc.)

	Without Correction		With Correction	
	Distance	Near	Distance	Near
Right Eye				
Left Eye				
Both Eyes				

Test(s) conducted:  PLT  HOTV  Snellen  VER/VEP  Other:

Refractive Error: RE: \_\_\_\_\_ LE: \_\_\_\_\_

Eyes in Alignment?  Yes  No Comments: \_\_\_\_\_

Color Vision Normal?  Yes  No Comments: \_\_\_\_\_

Visual Fields Full?  Yes  No Comments: \_\_\_\_\_

Suspect Visual Processing Difficulties?  Yes  No Comments: \_\_\_\_\_

Condition is:  Stable  Progressive  Fluctuating  Uncertain  Capable of Improving

Student Name \_\_\_\_\_

**Completed by Eye Doctor**

Recommendations for Medical Care and Education:

Visual Aids Prescribed/Recommended:

Last Exam Date:

Next Exam Suggested Date:

\_\_\_\_\_  
Examiner's Signature

\_\_\_\_\_  
Examiner's Name and Title (Please Print or Type)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
City, State, Zip Code