

Wisconsin School District

The ability to succeed in school is very much connected to eye health and visual ability. We encourage you to have your child's eyes examined by a doctor or optometrist before school starts in the fall. If you do, please ask your eye doctor to complete this form and return it to school by **December 31**.

Student's Name _____ Date of Birth _____ Gender M ___ F ___

Parent/Guardian _____ Phone _____

Address _____ City _____ State _____ Zip _____

School _____ School District _____ County _____

Date Entering Kindergarten _____

Which of the following six aspects of an eye exam were completed?

___ Brief history of the child (general and eye) including family history.

___ General external observation of the child's eyes and surrounding structures.

___ Ophthalmoscopy examination through an undilated pupil.

___ Gross measurement of peripheral vision.

___ Evaluation of eye coordination and function (alignment and motility).

___ Visual acuity for each eye (separately).

FINDINGS:

As a result of this examination, follow-up care for this child is recommended: YES ___ NO ___

Date of Vision Exam: _____

Name of Doctor: _____ Signature: _____

Doctor's Address: _____

Phone: _____ Fax: _____

Notice to Parents:

Disclosure of this information is voluntary and there is no penalty for non-compliance. If you do not feel that you can afford to pay for an exam, please contact the Wisconsin Optometric Association at (877) 435-2020. You may qualify for a free exam. Please return the form to your child's school by December 31st after your child's enrollment in kindergarten.