

Report of Professional Eye Examination

(Please return completed form to the school)

Student Name: _____ DOB: _____

School: _____ Grade: _____ Date: _____

Date of Eye Exam: _____

Visual Acuity: Distance Without Correction: R _____ L _____

With Correction: R _____ L _____

Visual Acuity: Near

Without Correction: R _____ L _____

With Correction: R _____ L _____

Peripheral Vision: If fields are restricted, please indicate degree and location: _____

Diagnosis: _____ **Color Vision:** _____

Plan: No treatment at this time Eyeglasses Contact Lenses Patch
 Other: _____

Please indicate below when or under what conditions corrective lenses/patch should be worn:

Requirements: Correction not required Correction prescribed
 Glasses Contact Lenses

Corrected Visual Acuity: R 20/ _____ L 20/ _____

Frequency of Classroom Use:

Wear at all times Wear for Distance only
 Wear for reading tasks only Other (specify) _____

Physical Education: (Note-Only polycarbonate lenses are acceptable to wear for physical education)

Wear for physical education Remove for physical education

Signature/Title: _____ Date: _____

School Nurse:	School:	
Phone#:	Fax:	Email:



MERCAZ ACADEMY

ישיבת מרכז

School Vision Screening
Parent/Guardian Notification

Student Name: _____ DOB: _____

School: _____ Grade: _____ Date: _____

Dear Parent/Guardian,

When your child was screened for vision at school, he/she had some difficulty reading the charts. Your child's health and vision are important to us. These findings may or may not mean there is a problem; therefore, it is recommended that your child have a complete eye examination by an eye care professional. It is requested that you take "Report of Professional Eye Examination" (located on the back of this letter) to your child's eye exam. Please have your child's eye care professional complete the form. Please return the completed form to the school as soon as possible. Please contact me if you have any questions.

Thank you for your cooperation.

_____, School Nurse (516) _____

OVER→

Report of Professional Eye Examination form
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