



EYE SEE...EYE LEARN EYE EXAMINATION FORM

The goal of the *Eye See...Eye Learn* Program is to ensure that all parents/guardians are aware of the importance of eye health examinations. If your child hasn't had an eye exam within the past 12 months, please make an appointment with an optometrist. The optometrist will complete this form which should then be returned to your child's teacher for the purpose of better understanding how to meet your child's learning needs.

- If your child had an eye exam within the past 12 months, please record your child's name, check here and return this form to your child's teacher. No further action required.

IDENTIFYING INFORMATION

Student Name (Last, First)

Name of School

Year of Birth

Grade

Classroom Teacher

CASE HISTORY

Ocular History Normal Positive for: _____

Medical History Normal Positive for: _____

Family History Amblyopia Strabismus Eye Disease

Details: _____

Unaided Acuity OD 20 / ____ OS 20 / ____ Binocular Vision: Normal: Abnormal:

Best Corrected OD 20 / ____ OS 20 / ____ Details: _____

DIAGNOSIS

Normal Myopia Hyperopia Astigmatism Strabismus Amblyopia

Other: _____

Please provide information on diagnosis or issues that may affect reading and learning

RECOMMENDATIONS

1. Corrective Lenses: No Yes, glasses should be worn for: Constant Wear Near Vision Far Vision May be Removed for Physical Education

2. Preferential seating recommended: No Yes, Comments: _____

3. Recommended re-examination: 3 months 6 months 12 months Other: _____

Date of Exam: _____ Print Name: _____

Optometrist who provided eye examination

Address: _____

Please return the *Eye See...Eye Learn* Eye Examination Form to your child's teacher

If you have any questions regarding this form, please contact the *Eye See...Eye Learn* Coordinator at 1.877.660.3937