

Eye Health and Vision Report



Name of Student: _____

Male _____ Female _____ D.O.B. ____/____/____ (day/month/year)

Name of School: _____

Teacher: _____ Grade: _____

Date of Exam: ____/____/____ (day/month/year)

This is a summary of my comprehensive eye health and vision examination along with recommendations for the above-mentioned student. I believe the information is relevant to his/her academic progress because of the importance of vision in the process of learning.

If further information is desired, communication must be through the parent and/or guardian of this child.

Eye Health:

External Eye Health is: Normal Abnormal

Internal Eye Health is: Normal Abnormal

Comments: _____

Eye Structure:

Right Eye is: Farsighted Nearsighted Astigmatic None of the above

Left Eye is: Farsighted Nearsighted Astigmatic None of the above

Visual Acuity:

Right Eye is: Adequate Restrictive AT FAR / Adequate Restrictive AT NEAR

Left Eye is: Adequate Restrictive AT FAR / Adequate Restrictive AT NEAR

Comments: _____

Vision Performance:

Eye Movement Control is:
 SKILLED PASSABLE UNSKILLED

Binocular Depth Perception is:
 SKILLED PASSABLE UNSKILLED

Focusing Ability is:
 SKILLED PASSABLE UNSKILLED

Color Perception is:
 SKILLED PASSABLE UNSKILLED

Eye Teaming Ability is:
 SKILLED PASSABLE UNSKILLED

RECOMMENDATIONS:

No care is required - regular eye health examinations encouraged

Further assessments are indicated _____

Eye Glasses have been prescribed and should be worn:

- All the time
- Only for distance
- Only for close work (desk/table top)

Vision Therapy is indicated

Other: _____

Next Complete Eye Examination recommended in: 3 months 6 months 1 year

Doctor's Name _____ Clinic Name _____
(please print) (please print)

It is recommended that this eye health and vision report be retained in the student's school record, and accessed by the teacher(s) as appropriate.