PLAINVIEW-OLD BETHPAGE CENTRAL SCHOOL DISTRICT
OFFICE OF THE SCHOOL NURSE

PRE-SCHOOL VISION EXAMINATION

STUDENT'S NAME _____

Dear Parent or Guardian:

A thorough vision examination is urged prior to kindergarten entrance for each child and periodically thereafter as recommended by your eye specialist. What a child can see determines his entire growth and development.

Sight is recognized by educators and psychologists as the most important of the senses involved in learning. Unless eye deficiencies are detected and proper treatment obtained, a child cannot benefit fully from the educational opportunities offered to him/her. Now is the time to schedule an examination by an eye specialist so that if your child must adjust to glasses, patching an eye, or eye exercise, this adjustment can be completed before the start of school.

REPORT OF EYE SPECIALIST

DIAGNOSIS

_____

_____

_____

VISUAL ACUITY WITHOUT CORRECTION RIGHT _____ LEFT _____
VISUAL ACUITY WITH CORRECTION RIGHT _____ LEFT _____
GLASSES PRESCRIBED YES _____ NO _____
CONDITIONS UNDER WHICH GLASSES SHOULD BE WORN _____

_____

NON-SHATTERABLE LENSES? _____ DATE OF RE-EXAMINATION _____

RECOMMENDATIONS/REMARKS _____

_____

_____

ADDITIONAL INFORMATION REGARDING CHILD WHO HAS A VISUAL HANDICAP

CORRECTED NEAR VISUAL ACUITY RIGHT _____ LEFT _____

HAS CHILD BEEN EXAMINED FOR LOW VISION LENSES _____

PERIPHERAL VISION RIGHT _____ LEFT _____
DEGREE AND LOCATION OF RESTRICTED FIELDS _____

SPECIFY ANY PHYSICAL LIMITATIONS BECAUSE OF EYE CONDITION _____

_____

_____ _____
DATE OF EXAMINATION EXAMINER'S SIGNATURE AND TITLE

_____ _____
EXAMINER'S PRINTED NAME ADDRESS AND PHONE