

RIDGEWOOD PUBLIC SCHOOLS
Ridgewood, New Jersey

VISION EXAMINATION FORM (Optional)

The Board of Education recommends that all pre-school children have a complete eye examination before entering school in the fall. Good vision is essential to success in school. It is our hope that pre-school eye examinations will help many children to receive the proper vision correction through early detection and/or treatment.

Upon completion of the eye examination, have the examiner indicate his/her findings and recommendations on the form below. This form should be returned to the school nurse.

Student's Name _____ **Date** _____

I have given a complete eye exam with the following diagnosis and recommendations:

		Distance	Near		Distance	Near
<i>Vision Without Correction</i>	O.D.			O.S.		
<i>Vision With Correction</i>						

Muscle Balance _____

Color Test _____

Stereopsis Eye _____

Eye Defects _____

Recommendations/Conclusions

1. Normal Eye Examination Yes No
2. Corrective lens prescribed Yes No

3. Re-examine on _____ (Date of Return Visit)

4. Other (preferential seating, low vision, aides, etc.) _____

Physician's Signature

Date

Please Print

Name of Physician _____

Address _____

Phone Number _____