Elmont School District

Elmont, New York 11003

VISION SCREENING PARENT/GUARDIAN NOTIFICATION OF RESULTS AND REFERRAL

Student Name: _____ DOB: ___/___/_____ Date: _____

Student Address: _____ Grade: _____

School Name: _____ School Phone: _____

Dear Parent/Guardian:

☐ Your child was screened for vision at school and no issues were noted.

☐ Your child was screened for vision at school, he/she had some trouble reading the charts. Screening results do not always mean there is a problem. Please have your child's eyes examined by an eye care professional and ask them to complete this form. Return the completed form to the school as soon as possible.

☐ Staff observations attached.

School Vision Screening Results:

Vision Test	With Lenses	Without Lenses
Distance Vision Acuity	Right Eye 20/_____	Right Eye 20/_____
	Left Eye 20/_____	Left Eye 20/_____
Near Vision Acuity	Right Eye 20/_____	Right Eye 20/_____
	Left Eye 20/_____	Left Eye 20/_____
Color Perception	☐ Pass ☐ Fail	
Optional: Hyperopia Screening	☐ Able to see 20/_____ with diopter lens strength +_____	

School Health Professional: _____ **Date**:_____

Report of Professional Eye Examination to the School

Date of examination:_____ **Corrected Visual Acuity Right 20/_____ Left 20/_____**

Vision Test	With Lenses	Without Lenses
Distance Vision Acuity	Right Eye 20/_____	Right Eye 20/_____
	Left Eye 20/_____	Left Eye 20/_____
Near Vision Acuity	Right Eye 20/_____	Right Eye 20/_____
	Left Eye 20/_____	Left Eye 20/_____
Color Perception	Results if Fail:	
Optional**:** Hyperopia Screening	Able to see 20/_____ with diopter lens strength +_____	

Peripheral vision, if fields are restrictive, indicate degree and location:

Diagnosis:

Plan: ☐No Treatment at this time ☐Eyeglasses ☐Contact Lenses ☐ Patch ☐ Other:

Frequency of use: ☐ Wear at all times ☐ For distance only ☐For reading tasks only ☐Other:

Physical Education: ☐ Wear for Physical Education ☐ Remove for Physical Education

Medical Provider:_____ _____ _____

(Signature) (Phone) (Date)

For school use:

☐ Completed form received on date: _____