

SCHOOL VISION EVALUATION

Please return this form to your child's school Health Office

A School Vision Evaluation is required for all children **within six months prior to entering** Nebraska schools for the first time (*includes beginner grades including Kindergarteners, transfers, and other students new to Nebraska*) [Nebraska Revised Statute 79-214]. No such visual examination will be required of any child whose parent or guardian objects to this testing in writing.

Name: _____ Date of Birth: _____

School: _____ Date of Exam: _____

Student Status (*check one*): Beginner Grade Transfer Student from Out of State

REQUIRED TESTS*	Pass	Fail	Recommend Further Evaluation <i>(comments noted below)</i>
Amblyopia	_____	_____	_____
Strabismus	_____	_____	_____
Internal Eye Health	_____	_____	_____
External Eye Health	_____	_____	_____
Visual Acuity			
Right eye @ distance (20 ft.):		20/____	with/without glasses
Left eye @ distance (20 ft.):		20/____	with/without glasses
Right eye @ near (16 in.):		20/____	with/without glasses
Left eye @ near (16 in.):		20/____	with/without glasses
<i>*A vision evaluation consisting of these required tests meets the legal requirements for the State of Nebraska but is not a complete eye examination such as most eye doctors perform.</i>			
ADDITIONAL TESTS	Pass	Fail	Recommend Further Evaluation
Eye Alignment at Distance	_____	_____	_____
Eye Alignment at Near	_____	_____	_____
Depth Perception	_____	_____	_____
Color Vision	_____	_____	_____
Focusing Amount	_____	_____	_____
Focusing Flexibility	_____	_____	_____
Focusing Lag (Accuracy)	_____	_____	_____
Convergence (Crossing) Ability	_____	_____	_____
Saccade (Rapid) Eye Movement	_____	_____	_____
Pursuit (Tracking) Eye Movement	_____	_____	_____
Other: _____	_____	_____	_____

COMMENTS/RECOMMENDATIONS: _____

Evaluation performed by: _____ **Date:** _____

(signature)

_____ O.D. _____ M.D. _____ P.A. _____ A.P.R.N.

WAIVER OF VISUAL EXAMINATION

I do not wish to obtain a visual examination for my child _____

Child's Name

Parent/Guardian Signature

Date