



Indiana Public Law No. 140-1986 states that an exam be administered to students entering school for the first time to determine defects in visual acuity, ocular health, and a binocular coordination.

STUDENT VISION REPORT FORM (TO BE COMPLETED BY EYE DOCTOR)

NAME OF STUDENT GRADE AGE

ADDRESS PHONE

PARENT'S NAME

SUMMARY OF FINDINGS

\*VISUAL ACUITY:

Without Glasses At Distance:

Right Eye 20/ Left Eye 20/ Both Eyes 20/

Without Glasses At Reading Distance Inches:

Right Eye 20/ Left Eye 20/ Both Eyes 20/

With Glasses At Distance:

Right Eye 20/ Left Eye 20/ Both Eyes 20/

With Glasses At Reading Distance Inches:

Right Eye 20/ Left Eye 20/ Both Eyes 20/

SHOULD RETURN FOR FURTHER CARE:

GLASSES NOT INDICATED NEW GLASSES PRESCRIBED PRESENT GLASSES SATISFACTORY

GLASSES SHOULD BE WORN: Constantly Classroom Desk Work Reading Homework Distance Movies TV Playing

\*BINOCULAR EFFICIENCY:

1. Maintenance of Binocular Fixation: (Ability to look at the same object with both eyes for a sustained period of time.)

DISTANCE: ADEQUATE REMARKS:

NEAR: ADEQUATE REMARKS:

2. Ability to maintain focus at near

ADEQUATE REMARKS:

3. Ability to change focus quickly and easily: (example, chalkboard to book)

ADEQUATE \_\_\_\_\_ REMARKS: \_\_\_\_\_

4. Rotations: (Ability of the eyes both independent of each other and together as a team to move freely up, down, right and left.)

ADEQUATE \_\_\_\_\_ REMARKS: \_\_\_\_\_

5. Suppression of vision: (The blocking out mentally of the image of either eye when such image interferes with the fusing or blending of the two ocular images into a single image.)

ABSENT \_\_\_\_\_ REMARKS: \_\_\_\_\_

6. Binocular depth perception: (The ability to perceive and judge depth or relative distances in space.)

ADEQUATE \_\_\_\_\_ REMARKS: \_\_\_\_\_

7. Color Perception:

NORMAL \_\_\_\_\_ REMARKS: \_\_\_\_\_

OTHER FINDINGS: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

DATE \_\_\_\_\_

\_\_\_\_\_  
DOCTOR'S SIGNATURE

\_\_\_\_\_  
DOCTOR'S PRINTED NAME

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Telephone Number

\*\*REASON FOR REFERRAL FROM SCHOOL NURSE: \_\_\_\_\_

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