

St. Patrick's Catholic School

Vision Evaluation Form

Beginning the 2006-07 school year, Nebraska State Law will require all students entering the Beginner grade or transferring from an out-of-state school to provide proof of a vision evaluation within six (6) months prior to school entrance. The vision evaluation performed by a physician, physician assistant, advanced practice registered nurse or optometrist **shall include testing for amblyopia, strabismus, internal and external eye health and visual acuity.** Exception to the requirement may be made if the parent/guardian submits a written statement refusing the vision evaluation.

Student _____ Evaluation Date _____

| RESULTS: | Negative | Positive | Further Recommendation (See comments below) |
|---------------------|---|---|--|
| Amblyopia | _____ | _____ | _____ |
| Strabismus | _____ | _____ | _____ |
| | Normal | Abnormal | |
| Internal Eye Health | _____ | _____ | _____ |
| External Eye Health | _____ | _____ | _____ |
| Visual Acuity | Right: 20/_____ _____ without correction | Left: 20/_____ _____ with correction | Both: 20/_____ _____ with correction |

Comments/Recommendations _____

Signature of Health Care Provider _____ Date _____

Please check provider type: ___ M.D. ___ O.D. ___ P.A. ___ A.P.R.N.