State of Wisconsin - Department of Regulation and Licensing KINDERGARTEN EYE HEALTH EXAMINATION REPORT

Student's Name:	Birth Date:	Gender:
Parent/Guardian:		Phone:
Address:		County:
School	City:	
Date entering Kindergarten:		

The State of Wisconsin encourages parents of kindergartners to arrange for their child's eyes to be examined by an optometrist or evaluated by a physician by December 31 of the child's first year in school. An examination or evaluation should include, at a minimum, the elements listed below. (By checking the box, the examining doctor is indicating that the element checked was performed.)

Brief history (general health and eye health) of the child, including family history

General external observation of the child's eyes and surrounding structures

Opthalmoscopic examination through an undilated pupil

Gross measurement of peripheral vision

Evaluation of eye coordination and function (alignment and motility)

Visual acuity for each eye (separately)

Right	tance		1 I
			Near
	Left	Both	Both
20/	20/	20/	20/
or the child is re	ecommended	l:Yes _	No
IMPORTANT NOTICE TO PARENTS			
This examination	n is not required	by law. Disclosur	re of the information
noted above is necessary to comply with the statutory purpose as ou lined in s.118.135, Wis. Stats. Disclosure of this information is vol-			
			formation is vol-
untary and there is no penalty for non-compliance. You are encouraged			
to provide a copy of this form to the school and keep a copy for you red			
Consent of parent or guardian: I agree to release the above information			
on my child to a	opropriate schoo	ol authorities and	l consent to my child
obtaining an eye	examination.		
Signature			
Date:			
	IN This examination noted above is n lined in s.118.13 untary and there to provide a cop Consent of paren on my child to ap obtaining an eye Signature	IMPORTANT Net This examination is not required noted above is necessary to com lined in s.118.135, Wis. Stats. Dis untary and there is no penalty for to provide a copy of this form to Consent of parent or guardian: I on my child to appropriate schoo obtaining an eye examination.	IMPORTANT NOTICE TO PAR This examination is not required by law. Disclosur noted above is necessary to comply with the stat lined in s.118.135, Wis. Stats. Disclosure of this ir untary and there is no penalty for non-compliance to provide a copy of this form to the school and k Consent of parent or guardian: I agree to release on my child to appropriate school authorities and obtaining an eye examination. Signature