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

Student's Name:	Birth Date:		Gender:		
Parent/Guardian:	L		Phone:		
Address:			County:		
School	City:				
Date entering Kindergarten:					
The State of Wisconsin encourages parents of optometrist or evaluated by a physician by Devaluation should include, at a minimum, the ndicating that the element checked was per	ecember 31 of the che elements listed belo	ild's first year	in school. Ar	n examination or	
Brief history (general health and eye hea	olth) of the child, inclu	ıding family h	istory		
General external observation of the child	d's eyes and surround	ing structures	5		
Opthalmoscopic examination through ar	n undilated pupil				
Gross measurement of peripheral vision					
Evaluation of eye coordination and funct	ion (alignment and m	notility)			
Visual acuity for each eye (separately)					
indings:					
Refraction		stance	Doth	Near Both	
Unaided Visual Acuity	Right 20/	Left 20/	Both 20/	20/	
As a result of this examination, follow-up	care for the child is r	recommende	d:Yes	No	
	II	IMPORTANT NOTICE TO PARENTS			
	This examination	on is not required	uired by law. Disclosure of the information		
Date of Exam:	noted above is	noted above is necessary to comply with the statutory purpose as out-			
	lined in s.118.135, Wis. Stats. Disclosure of this information is vol-				
Signature of Doctor/Physician:	untary and ther	untary and there is no penalty for non-compliance. You are encouraged			
	to provide a cop	to provide a copy of this form to the school and keep a copy for you re			
	Consent of pare	Consent of parent or guardian: I agree to release the above information			
Print or Stamp	'	on my child to appropriate school authorities and consent to my child			
Doctor's Name:Address:		e examination.			
Address.					
Phone:		Date:			
Recommendations:	s should be wern for	Constant Ma	ar Noarl	/ision Far Visian	
Corrective Lenses: No Yes, glasses	stiloula be worn for _			r Physical Education	
Preferential seating recommended:	No. Ves - Comm	ents			
r referencial seating recommended	140 162 - COIIIIII	CIILO			