

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
- Ophthalmoscopic 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)

Findings:				
Refraction	Distance			Near
	Right	Left	Both	Both
Unaided Visual Acuity	20/	20/	20/	20/
As a result of this examination, follow-up care for the child is recommended: ___ Yes ___ No				

IMPORTANT NOTICE TO PARENTS

This examination is not required by law. Disclosure of the information noted above is necessary to comply with the statutory purpose as outlined in s.118.135, Wis. Stats. Disclosure of this information is voluntary 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 your record.

Consent of parent or guardian: I agree to release the above information on my child to appropriate school authorities and consent to my child obtaining an eye examination.

Date of Exam:

Signature of Doctor/Physician:

Print or Stamp

Doctor's Name: _____

Address: _____

Phone: _____

Signature _____

Date: _____

Recommendations:

Corrective Lenses: ___ No ___ Yes, glasses should be worn for ___ Constant Wear ___ Near Vision ___ Far Vision
 ___ May Be Removed for Physical Education

Preferential seating recommended: ___ No ___ Yes - Comments _____