

**RIDGEWOOD PUBLIC SCHOOLS**  
Ridgewood, New Jersey

**VISION EXAMINATION FORM (Optional)**

The Board of Education recommends that all pre-school children have a complete eye examination before entering school in the fall. Good vision is essential to success in school. It is our hope that pre-school eye examinations will help many children to receive the proper vision correction through early detection and/or treatment.

Upon completion of the eye examination, have the examiner indicate his/her findings and recommendations on the form below. This form should be returned to the school nurse.

**Student's Name** \_\_\_\_\_ **Date** \_\_\_\_\_

I have given a complete eye exam with the following diagnosis and recommendations:

		Distance	Near		Distance	Near
<i>Vision Without Correction</i>	O.D.			O.S.		
<i>Vision With Correction</i>						

*Muscle Balance* \_\_\_\_\_ *Color Test* \_\_\_\_\_

*Stereopsis Eye* \_\_\_\_\_

*Eye Defects* \_\_\_\_\_

**Recommendations/Conclusions**

1. Normal Eye Examination    Yes     No
2. Corrective lens prescribed    Yes     No
3. Re-examine on \_\_\_\_\_ (Date of Return Visit)
4. Other (preferential seating, low vision, aides, etc.) \_\_\_\_\_

\_\_\_\_\_  
*Physician's Signature* \_\_\_\_\_  
*Date*

Please Print

Name of Physician \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_