

JEFFERSON TOWNSHIP PUBLIC SCHOOLS
School Health Services
Pre-School/Kindergarten Examination Form

It is recommended that all pre-school and kindergarten children have a complete eye examination before entering school in the fall. Good vision is essential to success in school.

Upon completion of the eye examination, have the examiner indicate his/her findings and recommendations on the form below. Please return this form to the school nurse.

Student's Name: _____ Exam Date: _____

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

		Distance	Near		Distance	Near
Vision without correction	O.D.			O.S.		
Vision with correction	O.D.			O.S.		

Muscle Balance _____ Color Test _____

Stereopsis _____

Eye Defects _____

Recommendations/Conclusions: Please circle or indicate other

1. Normal eye examination

2. Corrective lens prescribed: YES NO

3. Re-examination recommendation: _____ (Date of return visit)

4. Other: _____
 (preferential seating, etc.)

Form completion Date: _____ Practitioner Signature: _____

Please PRINT: Name of Physician _____
 (or stamp)

Address _____

Phone _____

JTPS/Eac