SCHOOL VISION EVAULATION REPORT FORM
Please return this form to your child's school health office.

Nebraska Revised Statute 79-214 requires a visual evaluation by a physician, physician assistant, advanced practice registered nurse, or an optometrist within six months prior to the *entrance of a child into kindergarten or beginner grade or, in the case of a transfer from out of state, to any other grade of the local school*. The examination will consist of testing for amblyopia, strabismus, and internal and external eye health, with testing sufficient to determine visual acuity. No such visual examination will be required of any child whose parent or guardian objects to this testing in writing.

Name_____ Date of Birth_____

School:_____ Date of Exam_____

Student Status (check one) Beginner Student_____ Out of State Transfer_____

Required Tests:	**Pass**	**Fail**	**Recommend Further Examination** (See Comments Below)
Amblyopia	_____	_____	_____
Strabismus	_____	_____	_____
Internal Eye Health	_____	_____	_____
External Eye Health	_____	_____	_____

Visual Acuity

20 feet Right 20/_____ Left 20/_____ with / without glasses

16 inches Right 20/_____ Left 20/_____ with / without glasses

COMMENTS/RECOMMENDATIONS:

_____

_____

Evaluation Performed by: _____ Date:_____

____O.D. ____M.D. ____P.A. ____A.P.R.N.

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WAIVER OF VISUAL EXAMINATION **Date_____**

*I do not wish to obtain a visual examination for my child*_____.
Child's Name

_____
Signature of Parent/Guardian