

SADDLE BROOK PUBLIC SCHOOLS
SADDLE BROOK, NEW JERSEY

Date: _____

To the Parent of _____,

It is important for all students to have periodic eye examinations since good visual skills are necessary for academic success.

Under our present school policy, students who wear glasses and/or have a history of being examined by their own eye doctor do not go through the vision screening program conducted by the school nurse.

Please have your eye doctor complete this report at your child's next eye examination during this school year and return the form to the school nurse. Thank you.

	_____ School Nurse	201-796-6250 x.205 Phone
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Date of Exam _____

1. Uncorrected visual acuity at distance OD _____ OS _____ OU _____

2. Uncorrected visual acuity at near OD _____ OS _____ OU _____

3. Corrected visual acuity at distance OD _____ OS _____ OU _____

4. Corrected visual acuity at near OD _____ OS _____ OU _____

5. Distance phoria uncorrected _____

 With correction if worn _____

6. Near phoria uncorrected _____

 With correction if worn _____

7. Fusion _____

8. Color Vision _____

9. Are glasses required? _____

10. Is this a new prescription? _____

11. Instructions _____

(If glasses are to be worn, please state when and indicate any special instructions for teachers or parents concerning their use and limitations).

12. Date of Next Examination _____

Doctor Signature _____

Please print name or stamp _____