## **Elmont School District**

Elmont, New York 11003

| VISION SCREENING PARENT/GUARDIAN NOTIFICATION OF RESULTS AND REFERRAL  |   |   |
|--|---|---|
| Student Name:  | DOB:  | / Date:   |
| Student Address:   |   | Grade:  |
| School Name:   |   |   |
| Dear Parent/Guardian:  |   |   |
| <ul> <li>□ Your child was screened for vision at school and no issues were noted.</li> <li>□ Your child was screened for vision at school, he/she had some trouble reading the charts. Screening results do not always mean there is a problem. Please have your child's eyes examined by an eye care professional and ask them to complete this form. Return the completed form to the school as soon as possible.</li> <li>□ Staff observations attached.</li> </ul>   |   |   |
| School Vision Screening Results:   |   |   |
| Vision Test  | With Lenses   | Without Lenses  |
| Distance Vision Acuity   | Right Eye 20/   | Right Eye 20/   |
|  | Left Eye 20/  | Left Eye 20/  |
| Near Vision Acuity   | Right Eye 20/   | Right Eye 20/   |
|  | Left Eye 20/  | Left Eye 20/  |
| Color Perception   |   |   |
| Optional: Hyperopia Screening  | ☐ Able to see 20/ with d  | iopter lens strength <u>+</u>   |
| School Health Professional: Date:  |   |   |
|  |   |   |
| Report of P<br>Date of examination:  | Professional Eye Examination to the Corrected Visual Acuity Right   |   |
| -  |   |   |
| Date of examination:   | Corrected Visual Acuity Right   | 20/ Left 20/  |
| Date of examination:   | Corrected Visual Acuity Right With Lenses   | 20/ Left 20/<br>Without Lenses  |
| Date of examination:   | Corrected Visual Acuity Right  With Lenses  Right Eye 20/  Left Eye 20/  Right Eye 20/  | 20/ Left 20/  Without Lenses  Right Eye 20/  Left Eye 20/  Right Eye 20/  |
| Vision Test Distance Vision Acuity  Near Vision Acuity   | With Lenses  Right Eye 20/  Left Eye 20/  Right Eye 20/  Left Eye 20/  Left Eye 20/   | 20/ Left 20/  Without Lenses  Right Eye 20/  Left Eye 20/   |
| Vision Test Distance Vision Acuity  Near Vision Acuity  Color Perception   | With Lenses  Right Eye 20/  Left Eye 20/  Right Eye 20/  Right Eye 20/  Left Eye 20/  Left Eye 30/  Results if Fail:  | 20/ Left 20/           Without Lenses           Right Eye 20/           Left Eye 20/           Right Eye 20/           Left Eye 20/   |
| Vision Test Distance Vision Acuity  Near Vision Acuity  Color Perception Optional: Hyperopia Screening   | With Lenses  Right Eye 20/  Left Eye 20/  Right Eye 20/  Results if Fail:  Able to see 20/ with diop  | 20/ Left 20/           Without Lenses           Right Eye 20/           Left Eye 20/           Right Eye 20/           Left Eye 20/   |
| Vision Test Distance Vision Acuity  Near Vision Acuity  Color Perception Optional: Hyperopia Screening Peripheral vision, if fields are restrictive  | With Lenses  Right Eye 20/  Left Eye 20/  Right Eye 20/  Results if Fail:  Able to see 20/ with diop  | 20/ Left 20/           Without Lenses           Right Eye 20/           Left Eye 20/           Right Eye 20/           Left Eye 20/   |
| Vision Test Distance Vision Acuity  Near Vision Acuity  Color Perception Optional: Hyperopia Screening Peripheral vision, if fields are restrictive Diagnosis:   | With Lenses  Right Eye 20/  Left Eye 20/  Right Eye 20/  Right Eye 20/  Left Eye 20/  Left Eye 20/  Mesults if Fail:  Able to see 20/ with diop  Te, indicate degree and location:  | Nithout Lenses   Right Eye   20/     Left Eye   20/     Right Eye   20/     Left Eye   20/     Left Eye   20/     ter lens strength +   |
| Vision Test Distance Vision Acuity  Near Vision Acuity  Color Perception Optional: Hyperopia Screening Peripheral vision, if fields are restrictive  | With Lenses  Right Eye 20/  Left Eye 20/  Right Eye 20/  Right Eye 20/  Left Eye 20/  Left Eye 20/  Mesults if Fail:  Able to see 20/ with diop  Te, indicate degree and location:  | Nithout Lenses   Right Eye   20/     Left Eye   20/     Right Eye   20/     Left Eye   20/     Left Eye   20/     ter lens strength +   |
| Vision Test Distance Vision Acuity  Near Vision Acuity  Color Perception Optional: Hyperopia Screening Peripheral vision, if fields are restrictive Diagnosis:   | With Lenses  Right Eye 20/  Left Eye 20/  Right Eye 20/  Right Eye 20/  Left Eye 20/  Left Eye 20/  Mesults if Fail:  Able to see 20/ with diopere, indicate degree and location:   | 20/ Left 20/           Without Lenses           Right Eye 20/           Left Eye 20/           Left Eye 20/           Left Eye 20/           ter lens strength +           Patch □ Other: |
| Vision Test  Distance Vision Acuity  Near Vision Acuity  Color Perception  Optional: Hyperopia Screening  Peripheral vision, if fields are restrictive  Diagnosis:  Plan: □No Treatment at this time □   | With Lenses  Right Eye 20/  Left Eye 20/  Right Eye 20/  Right Eye 20/  Left Eye 20/  Left Eye 20/  Results if Fail:  Able to see 20/ with diop  re, indicate degree and location:  Eyeglasses □Contact Lenses □  For distance only □For reading          | Without Lenses  Right Eye 20/  Left Eye 20/  Right Eye 20/  Left Eye 20/  ter lens strength +  Patch □ Other:  tasks only □Other:   |
| Vision Test  Distance Vision Acuity  Near Vision Acuity  Color Perception  Optional: Hyperopia Screening  Peripheral vision, if fields are restrictive Diagnosis:  Plan: □No Treatment at this time □  Frequency of use: □ Wear at all times  Physical Education: □ Wear for Physical | With Lenses  Right Eye 20/  Left Eye 20/  Right Eye 20/  Right Eye 20/  Results if Fail:  Able to see 20/ with diop  Ye, indicate degree and location:  Eyeglasses □Contact Lenses □  □ For distance only □For reading ical Education □ Remove for Physic | Without Lenses  Right Eye 20/  Left Eye 20/  Right Eye 20/  Left Eye 20/  ter lens strength +  Patch □ Other:  tasks only □Other:  cal Education  |
| Vision Test  Distance Vision Acuity  Near Vision Acuity  Color Perception  Optional: Hyperopia Screening  Peripheral vision, if fields are restrictive Diagnosis:  Plan: □No Treatment at this time □  Frequency of use: □ Wear at all times  Physical Education: □ Wear for Physical  | With Lenses  Right Eye 20/  Left Eye 20/  Right Eye 20/  Right Eye 20/  Left Eye 20/  Left Eye 20/  Results if Fail:  Able to see 20/ with diop  re, indicate degree and location:  Eyeglasses □Contact Lenses □  For distance only □For reading          | Without Lenses  Right Eye 20/  Left Eye 20/  Right Eye 20/  Left Eye 20/  ter lens strength +  Patch □ Other:  tasks only □Other:  cal Education  |