

Ohio Department of Health Eye Specialist Report

School Screening Information

Child's Name	Date of Referral				
School	Grade				
Reason for referral (test failed or type of symptom)					
<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;">School Screening visual acuity without glasses</td> <td style="width: 50%; border: none;">with glasses</td> </tr> <tr> <td style="border: none; text-align: center;">R _____ L _____</td> <td style="border: none; text-align: center;">R _____ L _____</td> </tr> </table>		School Screening visual acuity without glasses	with glasses	R _____ L _____	R _____ L _____
School Screening visual acuity without glasses	with glasses				
R _____ L _____	R _____ L _____				

Eye Specialist

Distance Visual Acuity	without correction	with current prescription	with new prescription
	R _____ L _____	R _____ L _____	R _____ L _____
Summary of vision problems and diagnosis			
<hr/> <hr/> <hr/>			
Recommendations			
Additional instructions for teacher			
<hr/> <hr/> <hr/>			
Is further treatment necessary? <input type="checkbox"/> Yes <input type="checkbox"/> No		I wish to see the child again. <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, specify		If yes, when?	

Please return form to

From

Suzanne Blank RN, BSN, School Nurse Wynford Local Schools 3288 Homes Center Road Bucyrus, Ohio 44820 (419) 562-4619 Fax: (419) 562-7825	Eye Specialist Address <table style="width: 100%; border: none;"> <tr> <td style="width: 70%; border: none;">City</td> <td style="width: 10%; border: none;">State</td> <td style="width: 20%; border: none;">ZIP</td> </tr> <tr> <td style="border: none;"> </td> <td style="border: none;"> </td> <td style="border: none;"> </td> </tr> </table> Date	City	State	ZIP			
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