



VISION REFERRAL FORM: Report to parent/guardian

Students name: \_\_\_\_\_ Date: \_\_\_\_\_

Teacher: \_\_\_\_\_ Grade: \_\_\_\_\_

Plus Optix Screen Result:  Pass  Refer  Unable to screen

Near Chart Results: L \_\_\_\_\_ R \_\_\_\_\_ Distance Chart Results: L \_\_\_\_\_ R \_\_\_\_\_

Vision Screen done at school indicates a possible impairment; further evaluation by an Eye Care Specialist is advised. At evaluation please ask your provider to fill out the bottom portion of this form then return it to your child's school wellness center.

If your child has been seen by an eye care specialist within the past 12 months please provide the wellness center a copy of recent exam notes. This information is requested per WAC 246-760-080 effective 7/1/17.

Comments: \_\_\_\_\_

School Nurse \_\_\_\_\_ Phone: \_\_\_\_\_

Vision Examination Report to School

NO TREATMENT REQUIRED

CORRECTIVE LENSES REQUIRED

EXPECTED ACUITY WITH CORRECTIVE LENSES R \_\_\_\_\_ L \_\_\_\_\_

GLASSES TO BE WORN:

CONTINUOUSLY

FOR READING/CLASS WORK

AS DIRECTED, EXPLAIN \_\_\_\_\_

PATCHING REQUIRED (PROVIDE SCHEDULE) \_\_\_\_\_

Comments: \_\_\_\_\_

Signature of Eye Care Specialist Provider

Date