

## **Vision Exam Form**

KRS 156.160 (1)(i) (<https://apps.legislature.ky.gov/law/Statutes/statute.aspx?id=40139>) requires proof of a vision examination by an optometrist or ophthalmologist. This evidence shall be submitted to the school no later than January 1 of the first year that a three (3), four (4), five (5) or six (6) year old is enrolled in public school, public preschool, or Head Start program.

Vision Form (/districts/enrol/Documents/Kentucky%20eye%20exam.pdf)

KRS 156.160 (1) (g) requires proof of a vision examination by an optometrist or ophthalmologist. This evidence shall be submitted to the school no later than January 1 of the first year that a three (3), four (4), five (5) or six (6) year old child is enrolled in public school, public preschool, or Head Start program.

PLEASE COMPLETE THE IDENTIFYING INFORMATION

Date of student's enrollment: \_\_\_\_\_

Date of Vision Examination: \_\_\_\_\_

IDENTIFYING INFORMATION

Student Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Parent or Guardian Name: \_\_\_\_\_

CASE HISTORY

Date of Exam: \_\_\_\_\_

Ocular History: Normal or Positive for: \_\_\_\_\_

Medical History: Normal or Positive for: \_\_\_\_\_

Drug Allergies: NKDA or Allergic to: \_\_\_\_\_

Family Ocular and Medical History:  Amblyopia  Strabismus  Glaucoma  Diabetes

Other: \_\_\_\_\_

Other Pertinent Information: \_\_\_\_\_

Refraction with cycloplegic? (Please indicate one.)  YES  NO

	OD	OS
Unaided Acuity	20/	20/
Best Corrected Acuity	20/	20/

Type of Examination	Normal	Abnormal	Notable to Assess
External Exam (eye and adnexa)	<input type="checkbox"/>	<input type="checkbox"/>	
Internal Exam (media, lens, fundus, etc)	<input type="checkbox"/>	<input type="checkbox"/>	
Neurological Integrity (pupils)	<input type="checkbox"/>	<input type="checkbox"/>	
Binocular Function (stereopsis)	<input type="checkbox"/>	<input type="checkbox"/>	
Accommodation and convergence	<input type="checkbox"/>	<input type="checkbox"/>	
Color Vision	<input type="checkbox"/>	<input type="checkbox"/>	

Diagnosis:

Normal  Myopia  Hyperopia  Astigmatism  Strabismus  Amblyopia

Other: \_\_\_\_\_

Recommendations: \_\_\_\_\_

1 Glasses prescribed:  YES  NO

2 \_\_\_\_\_

3 \_\_\_\_\_

Age appropriate and suggested anticipatory guidance (health assessments):

- Educate (parents/patients) about eye/vision disorders and needed vision care
- Counsel (parents/patients) regarding eye safety
- Stress importance of early, preventative eye care
- Recommend re-examination, as appropriate

Signed: \_\_\_\_\_  
Optometrist/Ophthalmologist

Date: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_