

SCHOOL VISION EVALUATION Report Form

A School Vision Evaluation is required for all children within six months prior to entering Nebraska schools for the first time (includes beginner grades including Kindergarteners, transfers, and other students new to Nebraska) [Nebraska Revised Statute 79-214]

Name: _____ Date of Birth: _____

School: _____ Date: _____

Student Status (*check one*): Beginner Grade Transfer Student from Out of State

REQUIRED TESTS*	Pass	Fail	Recommend Further Evaluation <i>(comments noted below)</i>
Amblyopia	_____	_____	_____
Strabismus	_____	_____	_____
Internal Eye Health	_____	_____	_____
External Eye Health	_____	_____	_____
Visual Acuity			
	Right eye @ distance (20 ft.):	20/ _____	aided/unaided
	Left eye @ distance (20 ft.):	20/ _____	aided/unaided
	Right eye @ near (16 in.):	20/ _____	aided/unaided
	Left eye @ near (16 in.):	20/ _____	aided/unaided

**A vision evaluation consisting of these required tests meets the legal requirements for the State of Nebraska but is not a complete eye examination such as most eye doctors perform.*

COMMENTS/RECOMMENDATIONS:

Evaluation performed by: _____ O.D. ___ M.D. ___ P.A. ___ A.P.R.N.
(signature)

Office Phone Number: (_____) _____ - _____ Date: _____

Waiver of Visual Examination	
<i>I do not wish to obtain a visual examination for my child</i>	
Signature of Parent/Guardian _____	Child's Name _____
	Date _____