

CULVER COMMUNITY SCHOOLS CORPORATION

VISION EXAMINATION

(To be completed by your eye care professional)

Parent/Guardian: An eye exam by an eye care professional using the Modified Clinical Technique is a requirement by INDIANA LAW upon the students enrollment in either Kindergarten or Grade One.

Child's Name _____

1.) Visual Acuity Right Far _____ Left Far _____
 Right Near _____ Left Near _____

2.) Cover Test Pass _____ Fail _____

3.) Retinoscopy Pass _____ Fail _____

4.) Ocular Health Pass _____ Fail _____

5.) Color Vision Pass _____ Fail _____

Are corrective lenses needed? If lenses are prescribed, they are needed for
No _____ _____ constant wear
Yes _____ _____ desk work only

Re-examination advised in _____ Six Months
 _____ 1 year
 _____ Other: _____

Comments or recommendations _____

Signature of examiner _____ Date _____