

SCHOOL DISTRICT OF NORTH FOND DU LAC – SCHOOL HEALTH PROGRAMS

225 McKinley Street North Fond du Lac, WI 54937 Telephone 920 929-3750 FAX 920-929-3696

KINDERGARTEN EYE HEALTH EXAMINATION REPORT

Student's Name _____ Birth Date _____ Sex _____

Parent or Guardian _____ Phone _____

Address _____ County _____

School/Kindergarten _____ City _____

Date Entering Kindergarten _____

The State of Wisconsin encourages parents of Kindergarteners to arrange for their child's eyes to be examined by an optometrist or evaluated by a physician by December 31st of the child's first year in school. An examination or evaluation should include, at a minimum, the elements listed below. (By checking the box, the examining doctor is indicating that the element checked was performed.)

- Brief history (general health and eye health) of child, including family history
- General external observation of the child's eyes and surrounding structures
- Ophthalmoscopic examination through an undilated pupil
- Gross measurement of peripheral vision
- Evaluation of eye coordination and function (alignment and motility)
- Visual acuity for each eye (separately)

Findings:

As a result of this examination, follow-up care for the child is recommended: YES NO

Date of Examination:

Doctor/Physician Signature:

Print or stamp:

Doctor/Physician Name
Address
Phone

#2540 (2/02)
s.118.153, Stats.

IMPORTANT NOTICE TO PARENTS

This examination is **not** required by law. Disclosure of the information noted above is necessary to comply with the statutory purpose as outlined in s. 118.135, Wis. Stats.

Disclosure of this information is voluntary and there is no penalty for non-compliance.

You are encouraged to provide a copy of this form to the school and keep a copy for your record.

Consent of parent or guardian: I agree to release the above information on my child to appropriate school authorities and consent to my child obtaining an eye examination.

Signature _____

Date _____