

**Archdiocese of Louisville
Kentucky Eye Examination Form for School Entry**

Effective with the 2004-05 school year, Archdiocese of Louisville Catholic elementary schools require proof of a vision examination by an optometrist or ophthalmologist 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. Vision examination information may be reported on the Kentucky/Archdiocese of Louisville Eye Examination Form for School Entry.

PLEASE COMPLETE THE IDENTIFYING INFORMATION AND RECORDS

IDENTIFYING INFORMATION

Student Name:	_____
Date of Birth:	_____
Parent or Guardian Name:	_____

RECORD OF IMMUNIZATION TO BE REPORTED ON IMMUNIZATION CERTIFICATE FORM, EPID 230

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

	<u>OD</u>	<u>OS</u>	
Unaided Acuity	20 / _____	20 / _____	
Best Corrected Acuity	20 / _____	20 / _____	
	Normal	Abnormal	Not able to assess
External Exam (eye and adnexa)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Internal Exam (media, lens, fundus, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Neurological Integrity (pupils)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Binocular Function (steropsis)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Accommodation and convergence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Color Vision	<input type="checkbox"/>	<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: _____

Phone: () _____