

NORTHERN WELLS COMMUNITY SCHOOLS

Ossian Elementary School

213 South Jefferson Street, Ossian, IN 46777

KINDERGARTEN VISION REPORT

STATE LAW IC 20-8.1-7-16 (EFFECTIVE JULY 1987) REQUIRES THAT ALL STUDENTS ENTERING SCHOOL FOR THE FIRST TIME **MUST** HAVE THE **MINIMUM** OF A MODIFIED CLINICAL TECHNIQUE VISION EXAM.

Name: _____ Date of Birth _____

Address: _____ Date of Exam _____

V.A. Uncorrected O.D. _____ O.S. _____ O.U. of significant _____
Corrected O.D. _____ O.S. _____

Defect: Myopia _____ Hyperopia _____ Astigmatism _____
Binocular Corr. _____ Tropias _____ Phorias _____
(muscle)
Convergence _____ Suppression _____
Stereopsis _____ Color Vision _____

Treatment: Glasses _____ (How to be worn) V.T. _____ Orthoptics _____
Medical _____ Surgical _____
No Rx at present _____ Not Necessary _____

Further Treatment Recommended:

Visual _____ Medical _____ V.T. _____

Return in _____ weeks _____ months _____ years

Comments: _____

Signed: _____ Degree: _____

Printed Name: _____ Date: _____

Please return this form to the school.

Revised 2/12