

# DOCTOR'S VISION REPORT

Northern Wells Community Schools

STATE LAW IC 20-8.L-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\_\_\_\_\_

DOB\_\_\_\_\_ Date of Examination\_\_\_\_\_

Address\_\_\_\_\_

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: \_\_\_\_\_

PLEASE RETURN THIS FORM TO NORTHERN WELLS COMMUNITY SCHOOLS

