2/2004

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

	OD	OS
Unaided Acuity	20 / ____	20 / ____
Best Corrected Acuity	20 / ____	20 / ____

	Normal	Abnormal	Not able to assess
External Exam (eye and adnexa)	❑	❑	❑
Internal Exam (media, lens, fundus, etc.)	❑	❑	❑
Neurological Integrity (pupils)	❑	❑	❑
Binocular Function (steropsis)	❑	❑	❑
Accommodation and convergence	❑	❑	❑
Color Vision	❑	❑	❑

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: _____ Date: _____

Optometrist/Ophthalmologist

Address: _____ Phone: ( ) _____