

example

*(School District Name)*

# Vision Screening & Comprehensive Eye Exam Certification Form

FY 2009-2010

**Please print:**

Date: \_\_\_\_\_

Student's Name: \_\_\_\_\_  
(First) (Middle) (Last)

Please circle: K 1<sup>st</sup> 3<sup>rd</sup>

District: \_\_\_\_\_ School: \_\_\_\_\_

**Complete one of the following:**

1. \_\_\_\_\_ had a vision screening on \_\_\_\_\_  
(Child's Name) (Date)  
The screening was administered by \_\_\_\_\_ .  
(Screener)

\_\_\_\_\_ was \_\_\_\_\_ was not referred for a  
(Child's Name) (Circle one)  
comprehensive eye examination by a eye care professional as a result of  
the above vision screening.

2. \_\_\_\_\_ had a comprehensive eye examination  
(Child's Name)  
on \_\_\_\_\_ . The comprehensive eye examination  
(Date)  
was administered by \_\_\_\_\_ .  
(Eye Care Professional)

3. \_\_\_\_\_ has **NOT** received a vision screening or  
(Child's Name)  
comprehensive eye exam in the past twelve months.

\_\_\_\_\_  
(Parent/Guardian Signature)

\_\_\_\_\_  
(Date)

(For district use only.)