PLEASE COMPLETE THE IDENTIFYING INFORMATION

KRS 156.160 (1) (g) requires proof of a vision examination by an optometrist or ophthalmologist. This evidence shall 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 in public school, public preschool, or Head Start program.

Detert Period Normal Parent or Guardian Name: CASE HISTORY	Date of student's enrollment:		Date of Vision Examination:				
Date of Birth:	IDENTIFYING INFORMA	TION					
Parent or Guardian Name: CASE HISTORY Date of Exam: Ceular History: Normal or Positive for: Medical History: Normal or Positive for: Drug Allergies: NKDA or Allergic to: Family Coular and Medical History: Amblyopia Strabismus Glaucoma Diabetes Other: Other Pertinent Information: Refraction with cycloplegic? (Please indicate one.) YES NO Far Vision Near Vision Unaided Acuity OD 20/ OS 20/ Unaided Acuity OD 20/ OS 20/ Corrected Acuity OD 20/ OS 20/ OS 20/ Corre	Student Name:						
Date of Exam:	Date of Birth:						
Date of Exam: Coular History: Normal or Positive for:	Parent or Guardian Name:						<u> </u>
Ocular History: Normal or Positive for: Medical History: Normal or Positive for:	CASE HISTORY						
Medical History: Normal or Positive for: Drug Allergies: NKDA or Allergie to:	Date of Exam:						
Drug Allergies: NKDA or Allergie to: Family Ocular and Medical History: Amblyopia Strabismus Glaucoma Dlabetes	Ocular History: Normal or	Positive for:					11
Drug Allergies: NKDA or Allergie to: Family Ocular and Medical History: Amblyopia Strabismus Glaucoma Dlabetes	Medical History: Normal or	Positive for:	W. I				· · · · · · · · · · · · · · · · · · ·
Other Pertinent Information: Refraction with cycloplegic? (Please indicate one.)							
Other Pertinent Information: Refraction with cycloplegic? (Please indicate one.)	Family Ocular and Medical Histo	ory: 🗖 Amblyopia	☐ Strabismus	☐ Glaucoma	☐ Diabetes		
Other Pertinent Information: Refraction with cycloplegic? (Please indicate one.) YES NO Far Vision Near Vision Unaided Acuity OD 20/ OS 20/ Unaided Acuity OD 20/ OS 20/ Corrected Acuity OD 20/ OS 20/ Corrected Acuity OD 20/ OS 20/ External Exam (eye and adnexa)			33				
Refraction with cycloplegic? (Please indicate one.)							
Unaided Acuity OD 20/ OS 20/ Unaided Acuity OD 20/ OS 20/)			
Corrected Acuity OD 20/ OS 20/ Corrected Acuity OD 20/ OS 20/	Ronaction with Oyotopiogion (s.		Far Vision			Near V	ision
Type wB chrination Normal Abnormal Notable to Assess External Exam (reve and adnexa) Internal Exam (media, lens, fundus, etc) Neurological Integrity (pupils) Binocular Function (stereopsis) Accommodation and convergence Accommodation and convergence Color Vision Astigmatism Strabismus Amblyopia Other: Recommendations: Glasses prescribed: YES NO 2	Unaided Acuity	OD 20/	OS 20/		Unaided Acuity		
External Exam (eye and adnexa)	Corrected Acui	ty OD 20/	OS 20,	/	Corrected Acuity	OD 20/	OS 20/
Internal Exam (media, tens, fundus, etc)	Type of Examination	n - Was in Carlotte	Normal	Abnormal	Notable to Assess		
Neurological Integrity (pupils) Binocular Function (stereopsis) Accommodation and convergence Color Vision Diagnosis: Normal			1,				
Binocular Function (stereopsis) Accommodation and convergence							
Diagnosis: Normal Myopia Hyperopia Astigmatism Strabismus Amblyopia							
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							
□ 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	Color Vision][
Recommendations: 1 Glasses prescribed:	□ Normal □ Myopia	□ Hyperopia □ A		∃ Strabismus □	Amblyopia		
1 Glasses prescribed:	Other:						
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	Recommendations:						
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☐ 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							
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☐ Stress importance of early, preventative eye care ☐ Recommend re-examination, as appropriate				And Amountains			
☐ Recommend re-examination, as appropriate							
Signed:Ontometrist/Ophthalmologist			-		Date:		
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Address: Telephone:	Address:	Address: Telephone:					17