



**PHYSICIAN'S REPORT OF EYE EXAMINATION
WHEN COMPLETING THE FORM PLEASE PRINT LEGIBLY OR TYPE**

Print Student's Name (Last) _____ (First) _____ (MI) _____ Date of Exam _____
 Birthdate _____ Sex M F Grade _____ Student ID No. _____
 School _____ Location # _____
 Parent or Guardian _____
 Home Address _____
 Phone _____ Email _____

Is this a Low Vision Examination? Yes No If no, is a Low Vision Examination recommended? Yes No

The Florida State Board of Education Rule 6A-9.03014 Exceptional Student Education Eligibility for Students Who are Visually Impaired mandates the following medical criteria must be present:

Etiology: _____
 Diagnosis: _____
 Type of Ocular Defect or Disease (and any secondary eye conditions): _____

VISUAL ACUITY

Complete using Snellen equivalents or NLP, LP, CF, HM, F and F, SCM.

	Distance Vision			Near Vision		
	Without Correction	Current Correction	With Best Correction	Without Correction	Current Correction	With Best Correction
OD (right)	_____	_____	_____	_____	_____	_____
OS (left)	_____	_____	_____	_____	_____	_____
OU (both)	_____	_____	_____	_____	_____	_____
Ocular Pressure:	_____					

VISUAL FIELDS

Describe: Central Peripheral
 A Visual Field of: 21 to 30 degrees 20 degrees or less Unable to determine No apparent field loss
 Other (Please describe): _____

PROGNOSIS

Stable Deteriorating Symptoms to Watch for: _____

RECOMMENDATIONS

What treatment is recommended? _____
 Medication: _____
 Prescribed: Glasses Contacts Not Needed
 Frequency/Situation: Constant Wear Close Work Only Distance Only Safety Other _____
 Follow Up _____

PRECAUTIONS AND SUGGESTIONS

Physical Activity: Unrestricted Restricted as Follows: _____

 Lighting Conditions: _____
 Suggested Low Vision Aids other than glasses _____

PHYSICIAN, PLEASE COMPLETE AND SIGN PAGE 2.

PLEASE RETURN TO: _____

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A licensed ophthalmologist or optometrist must indicate at least one of the criteria below that best describes the patient's visual functioning:

- A visual acuity of 20/70 or less in the better eye after best possible correction
- A peripheral field so constricted that it affects the student's ability to function in an educational setting
- A diagnosis of visual impairment after best correction
- A progressive loss of vision that may affect the student's ability to function in an educational setting

FOR STUDENTS BIRTH TO 5 OR STUDENTS OTHERWISE UNABLE TO BE ASSESSED

If a visual acuity cannot accurately be determined, indicate if the student meets any of the following criteria for program eligibility:

- Bilateral lack of central, steady or maintained fixation of vision with an estimated visual acuity of 20/70 or less after best possible correction*
- Bilateral central scotoma involving the perimacular area (20/80-20/200)*
- Bilateral grade III, IV, or V Retinopathy or Prematurity or documented eye impairment*

None of the above

Examiner's Signature: _____ Date: _____

Examiner's Printed Name: _____ Phone: _____

Address: _____

PLEASE RETURN TO: _____