



755-3655 / 755-3656 / 755-3657

Susan W. Best, D.O.
Health Officer

STUDENT VISION SCREENING REPORT

INDIANA PUBLIC LAW NO. 140-1986 STATES THAT A SCREENING BE ADMINISTERED TO ALL KINDERGARTEN STUDENTS TO DETERMINE DEFECTS IN VISUAL ACUITY, BINOCULAR COORDINATION AND REFRACTIVE ERROR.

Name _____ Grade _____ Date _____

School _____ Teacher _____

1. Visual Acuity Near RT _____ LT _____
 Far RT _____ LT _____

2. Binocular Coordination Pass _____ Fail _____

3. Refractive Error Pass _____ Fail _____

4. Ocular Health Pass _____ Fail _____

REMARKS _____

RESULTS (Circle One) Pass Borderline Fail

CORRECTED VISUAL ACUITY

RT _____ LT _____

1. If corrective lenses are prescribed; they are for
a) constant wear _____ b) desk work only _____

COMMENTS _____

PHYSICIANS SIGNATURE _____ DATE _____

PLEASE RETURN THIS FORM TO SCHOOL

LAKE COUNTY HEALTH DEPT. 2900 W. 93RD AVE. CROWN POINT, IN. 46307