

WAHOO PUBLIC SCHOOLS
HEALTH SERVICES
REPORT OF VISION EVALUATION

Please return this form to your child's school office.

Effective with the 2006-2007 school year, Nebraska State Statute requires students entering kindergarten (or first grade if not enrolled in kindergarten) or out-of-state transfers to any grade to provide evidence of vision evaluation within six months prior to entry. The evaluation may be performed by a physician, physician assistant, advanced practice registered nurse or vision professional (optometrist or ophthalmologist). Children are exempt from this requirement when the parent/guardian provides a written statement of objection. For more information about the vision requirement, please contact the school nurse.

Name: _____ Date of Birth: _____

School: _____

	Pass	Fail	Recommend further Evaluation (see comments below)
Amblyopia	___	___	___
Strabismus	___	___	___
Internal Eye Health	___	___	___
External Eye Health	___	___	___
Visual Acuity			
20 feet	Right 20/___	Left 20/___	with/without glasses/contacts
16 inches	Right 20/___	Left 20/___	with/without glasses/contacts

COMMENTS/RECOMMENDATIONS

Examiner: _____ Date: _____

On behalf of my child _____, I object to the required vision evaluation as legislated in NSS 79-214. I understand provisions of the law allow me to waive this requirement for my child by my signed statement.

Signature of Parent/Guardian

Date