

Student Name: \_\_\_\_\_ SIF #: \_\_\_\_\_ School: \_\_\_\_\_

**FOLLOW-UP FORM (TO BE COMPLETED BY OPTOMETRIST/OPHTHALMOLOGIST)**

**FINDINGS AND RECOMMENDATIONS**

- Normal exam: no need for glasses.
- Present glasses satisfactory.
- Glasses needed:     For distance.                       For close work.                       Constantly.
- Child should be close to the front of the classroom.

Teacher should watch for the following symptoms: \_\_\_\_\_

Surgery is to be scheduled: \_\_\_\_\_

Re-examination: \_\_\_\_\_

**PRESENT STATUS IN REGARD TO VISUAL ACUITY**

| Without Correction |      | With Correction |      |
|--------------------|------|-----------------|------|
| RIGHT              | LEFT | RIGHT           | LEFT |
|                    |      |                 |      |
| Muscle Balance     |      | Fusion          |      |
|                    |      |                 |      |
| Depth Perception   |      | Color Vision    |      |
|                    |      |                 |      |

Comments (Helpful to child's school program or for teacher's information): \_\_\_\_\_

**EXAMINED BY**

|                                    |                                   |
|------------------------------------|-----------------------------------|
| _ Ophthalmologist<br>_ Optometrist | Name (Please Print): _____        |
|                                    | Signature: _____ Exam Date: _____ |
|                                    | Telephone Number: _____           |

**FOLLOW-UP FORM (TO BE COMPLETED BY PARENT)**

- My child has been examined by Dr. \_\_\_\_\_  
Date of last exam: \_\_\_\_\_ Return date: \_\_\_\_\_
  - Present glasses are appropriate.
  - Glasses are not needed.
  - Glasses are needed - my child should wear them:
    - for distance
    - for close work
    - at all times
    - for all school work

Comments: (Helpful to child's school health program or for teacher's information) \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please Mail to : School Health – Vision & Hearing 791 Aquahart Rd. 3rd Floor Glen Burnie, MD 21061**

**Please Email Completed Form To: [aaivisionhearing@aacounty.org](mailto:aaivisionhearing@aacounty.org)**

**Please Fax Completed Form To: (410) 222-0073**