

Eye Report for Children with Visual Problems

NAME OF STUDENT: _____ SEX _____ ETHNICITY _____
 (TYPE OR PRINT) (FIRST)(MIDDLE) (LAST)

ADDRESS _____ D.O.B. ____/____/____
 (No. AND STREET) (CITY OR TOWN) (COUNTY) (STATE)

GRADE _____ SCHOOL _____ SCHOOL SYSTEM _____

I. HISTORY

- A. Probable age at onset of vision impairment. Right eye (O.D.) _____ Left eye (O.S.) _____
- B. Severe ocular infections, injuries, operations, if any, with age at time of occurrence. _____
- C. Has pupil's ocular condition occurred in any blood relative(s)? _____ If so, what relationship? _____

II. MEASUREMENTS (See back of form for preferred notation for recording visual acuity and table of approximate equivalents)

A. Visual Acuity	Distant Vision			Near Vision			Prescription		
	Without Correction	With Best Correction	With Low Vision Aid	Without Correction	With Best Correction	With Low Vision Aid	Sph.	Cyl	Asia
Right Eye (O.D.)	_____	_____	_____	_____	_____	_____	_____	_____	_____
Left Eye (O.S.)	_____	_____	_____	_____	_____	_____	_____	_____	_____
Both Eyes (O.U.)	_____	_____	_____	_____	_____	_____	_____	_____	_____

- B. If glasses are to be worn, were safety lenses prescribed in: Plastic Tempered glass With ordinary lenses
- C. If low vision aid is prescribed, specify type and recommendation for use: _____
- D. FIELD OF VISION: Is there a limitation? Yes No If so, record results of test on chart on back of form
 What is the widest diameter (in degrees) of remaining visual field? O.D. _____ O.S. _____
- E. Is there impaired color perception? Yes No If so, for what color(s)? _____

III. CAUSE OF BLINDNESS OR VISION IMPAIRMENT

- A. Present ocular condition(s) responsible for Vision impairment. (If more than one, specify all but underline the one which probably first caused severe vision impairment.)
 O.D. _____
 O.S. _____
- B. Preceding ocular condition, if any, which led to present condition, or the underlined condition, specified in A.
 O.D. _____
 O.S. _____
- C. Etiology (underlying cause) of ocular condition Primarily responsible for vision impairment, (e.g., specific disease, injury, poisoning, heredity or other prenatal influence.)
 O.D. _____
 O.S. _____

If etiology is injury or poisoning, indicate circumstance and kind of object or poison involved: _____

IV. PROGNOSIS AND RECOMMENDATIONS

- A. Is the student's vision impairment considered to be: Stable Deteriorating Capable of Improvement Uncertain
- B. What treatment is recommended, if any? _____
- C. When is reexamination recommended? _____
- D. Glasses: Not needed To be worn constantly For close work only Other (specify) _____
- E. Lighting requirements: Average Better than average Less than average
- F. Use of eyes: Unlimited Limited, as follows: _____
- G. Physical activity: Unrestricted Restricted as follows: _____

SEND EYE REPORT COPY TO:

Date of Examination _____
 Name of Examiner _____
 _____ (Print or type)
 Signature of Examiner _____ Degree _____
 Address _____
 No. and Street City State Zipcode
 If Clinic Case: Case Number _____
 Clinic Name _____

Preferred Visual Acuity Notations

DISTANCE VISION: Use Snellen notation with test distance of 20 feet. (Examples: 20/100, 20/60). For acuities less than 20/200, record distance at which 200 foot letter can be recognized as numerator or fraction and 200 as denominator. (Examples: 10/200, 3/200). If the 200-foot letter is not recognized at 1 foot, record abbreviations for best distant vision as follows:

- HM HAND MOVEMENTS
- PLL PERCEIVES AND LOCALIZES LIGHT IN ONE OR MORE QUADRANTS
- LP PERCEIVES BUT DOES NOT LOCALIZE LIGHT
- No LP LO LIGHT PERCEPTION

NEAR VISION: Use standard A.M.A. notation and specify best distance at which pupil can read. (Example: 14 70 at 5 in.)

TABLE OF APPROXIMATE EQUIVALENT VISUAL ACUITY NOTATIONS

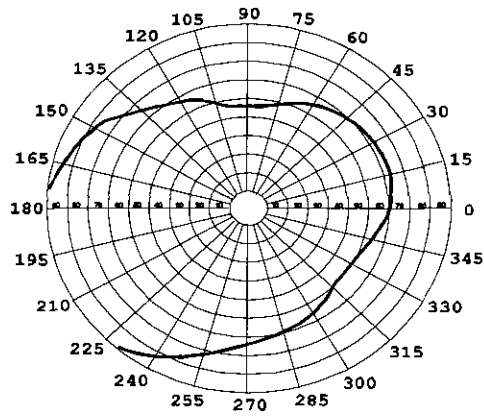
These notations serve only as an indication of the approximate relationship between recording of distant and near vision and point type sizes. The teacher will find in practice that the pupil's reading performance may vary considerably from the equivalents shown.

<u>Distant Snellen</u>	<u>Near</u>			<u>% Central Visual Efficiency for Near</u>	<u>Point</u>	<u>Usual Type Size</u>
	<u>A.M.A.</u>	<u>Jaeger</u>	<u>Metric</u>			
20/20 (ft.)	14./14. (in.)	1	0.37(M.)	100	3	Mail order catalogue
20/30	14'/21	2	0.50	95	5	Want ads
20/40	14/28	4	0.75	90	6	Telephone directory
20/50	14/35	6	0.87	50	8	Newspaper directory
20/60	14/42	8	1.00	40	9	Adult text books
20/80	14/56	10	1.50	20	12	Children's books 9-12 years
20/100	14/70	11	1.75	15	14	Children's books 8-9 years
20/120	14/84	12	2.00	10	18	
20/200	14/140	17	3.50	2	24	
12.5/200	14/224	19	6.00	1.5		
8/200	14/336	20	8.00	1.0		
5/200	14/560					
3/200	14/900					

FIELD OF VISION Record results on chart below

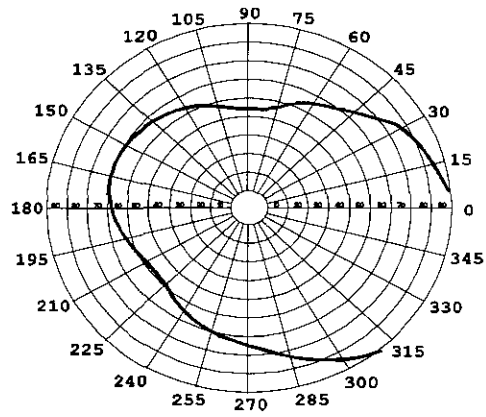
Type of test used _____ Illumination in ft. candles _____

LEFT EYE



Test Object: Color (s) _____ Size (s) _____
Distance (s) _____

RIGHT EYE



Test Object: Color (s) _____ Size (s) _____
Distance (s) _____