# Kentucky Eye Examination Form for School Entry 8/2000

KRS 156.160 (1) (g) requires proof of a vision examination by an optometrist or ophthalmologist. This evidence shall be submitted to the school no later than January 1 of the first year that a three (3), four (4), five (5) or six (6) year old child is enrolled in public school, public preschool, or Head Start program.

**PLEASE COMPLETE THE IDENTIFYING INFORMATION AND RECORDS**

**IDENTIFYING INFORMATION**

Student Name: _____

Date of Birth: _____

Parent or Guardian Name: _____

**RECORD OF IMMUNIZATION TO BE REPORTED ON IMMUNIZATION CERTIFICATE FORM, EPID 230**

**CASE HISTORY**

Date of Exam: _____

Ocular History: Normal ☐ or Positive for: _____

Medical History: Normal ☐ or Positive for: _____

Drug Allergies: NKDA ☐ or Allergic to: _____

Family Ocular and Medical History: ☐ Amblyopia ☐ Strabismus ☐ Glaucoma ☐ Diabetes
Other: _____

Other Pertinent Information: _____

Refraction with cycloplegic? (please indicate one) ☐ YES ☐ NO

| | OD | OS |
|---|---|---|
| Unaided Acuity | 20 / _____ | 20 / _____ |
| Best Corrected Acuity | 20 / _____ | 20 / _____ |

| | Normal | Abnormal | Not able to Assess |
|---|---|---|---|
| External Exam (eye and adnexa) | ☐ | ☐ | ☐ |
| Internal Exam (media, lens, fundus, etc) | ☐ | ☐ | ☐ |
| Neurological Integrity (pupils) | ☐ | ☐ | ☐ |
| Binocular Function (stereopsis) | ☐ | ☐ | ☐ |
| Accommodation and convergence | ☐ | ☐ | ☐ |
| Color Vision | ☐ | ☐ | ☐ |

**Diagnosis**: ☐ Normal ☐ Myopia ☐ Hyperopia ☐ Astigmatism ☐ Strabismus ☐ Amblyopia

Other: _____

**Recommendations:**

1 Glasses prescribed: ☐ YES ☐ NO

2 _____

3 _____

**Age appropriate and suggested anticipatory guidance (health assessments):**

- ☐ Educate (parents/patients) about eye/vision disorders and needed vision care
- ☐ Counsel (parents/patients) regarding eye safety
- ☐ Stress importance of early, preventative eye care
- ☐ Recommend re-examination, as appropriate

Signed: _____ Date: _____
Optometrist/Ophthalmologist

Address: _____ Telephone: ( ) _____