



## CERTIFICATE OF VISION EXAMINATION

Must be completed by an ophthalmologist or optometrist  
MCA must have at least one vision exam on file for each enrolled student in grades K and 1.

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

To Be Completed by Ophthalmologist or Optometrist:

Date of Exam: \_\_\_\_\_

Ocular History:  Normal  Positive for \_\_\_\_\_

Medical History:  Normal  Positive for \_\_\_\_\_

Drug Allergies:  None  Allergies include \_\_\_\_\_

Other Information: \_\_\_\_\_

**Visual Examination**

	Distance			Near
	Right	Left	Both	Both
Uncorrected visual acuity	20/	20/	20/	20/
Best corrected visual acuity	20/	20/	20/	20/

Was refraction performed with dilation?  YES  NO

External Exam (lids, lashes, cornea, etc.)  Normal  Abnormal  Unable to assess  Comments: \_\_\_\_\_

Internal Exam (vitreous, lens fundus, etc.)  Normal  Abnormal  Unable to assess  Comments: \_\_\_\_\_

Pupillary reflex  Normal  Abnormal  Unable to assess  Comments: \_\_\_\_\_

Binocular function (stereopsis)  Normal  Abnormal  Unable to assess  Comments: \_\_\_\_\_

Accommodation and vergence  Normal  Abnormal  Unable to assess  Comments: \_\_\_\_\_

Color vision  Normal  Abnormal  Unable to assess  Comments: \_\_\_\_\_

Glaucoma evaluation  Normal  Abnormal  Unable to assess  Comments: \_\_\_\_\_

Oculomotor Assessment  Normal  Abnormal  Unable to assess  Comments: \_\_\_\_\_

Other: \_\_\_\_\_

NOTE: "Not able to assess" refers to the inability of the child to complete the test, not the inability of the doctor to provide the test.

**Diagnosis:**  Normal  Myopia  Hyperopia  Astigmatism  Strabismus  Amblyopia  Other: \_\_\_\_\_

**Recommendations**

Corrective Lenses:  NO  YES  Constant  Far Vision  Near Vision

Preferential Seating Recommended:  NO  YES Recommended Re-Examination: \_\_\_\_\_

Signature of Ophthalmologist or Optometrist: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name of Examiner: \_\_\_\_\_ Credentials (MD, OD, DO): \_\_\_\_\_

Phone Number: \_\_\_\_\_