Iowa Eye Health Report

Instructions: An eye examination is required every three years for students with visual impairments. This form is to be completed by the eye specialist (ophthalmologist/optometrist)

Name: _____ Sex: M/F Date of Birth: _____

Address:_____ City: _____ State:_____ Zip: _____ Phone: _____

I. History

A. Probable age of onset of visual impairment: Right Eye _____ Left Eye _____

B. Severe Ocular infections, injuries, operations, if any, with age at time of occurrence:

_____

C. Has student's ocular condition occurred in any blood relative (s)? Y / N

If so, what relationship? _____

II. Measurements

A. Visual Acuity

	Without Glasses		With Glasses	
	Distance	Near	Distance	Near
Right Eye (OD)				
Left Eye (OS)				
Both Eyes (OU)				

B. If an optical device has been prescribed please specify type and recommendations:

_____

C. Is there a documented field loss? If so please explain: _____

D. Is there impaired color vision? If yes please explain: _____

E. If visual acuity cannot be determined, estimate visual functioning (indicate OD, OS, OU and methods of estimation).

NIL (totally blind)		Hand Movement		Reduced visual acuity	
Light perception		Counts Fingers		Reasonably normal	
Object perception		Legally Blind			

F. Method of estimation/or instrument used: _____

III. Diagnosis:

A. Present ocular condition (s). If appropriate, indicate OD, OS, or OU.

___ Aniridia	___ Corneal Disorder	___Microsphthalmos	___ Myopia
___ Anophthalmos	___ Cortical Visual Impairment	___Retinal Detachment	___ Nystagmus
___ Astigmatism	___ Glaucoma	___ROP	___ Optic Atrophy
___ Aphakia	___ Hyperopia	___RP	___ Optic Nerve Hypoplasia
___ Coloboma		___Other	___ Ocular Albinism
___ Congenital Cataracts			___ Strabismus

B. Does this student meet the definition of neurological visual impairment? Y N

IV. Prognosis and Recommendations

A. Is student's visual impairment considered to be:

stable_____ deteriorating_____ capable of improvement_____ or uncertain_____

B. What treatment is recommended, if any?

_____

C. Next exam is scheduled for what date?

_____

D. Glasses:

Not needed_____ to be worn constantly_____ Near only_____ Distance only_____

E. Lighting requirements:

Average_____ Better than average_____ Avoid glare and overhead lights_____

F. Use of eyes: Unlimited _____ Limited as follows: _____

G. Physical activity: Unrestricted _____ Restricted as follows: _____

H. Other recommendations:

_____

V. Certificate and Authorizations

_____

Print or type Name of Licensed Eye Specialist *Signature of Licensed Eye Specialist*

Address:

_____

_____

Date of Examination: _____ Phone Number: _____