

**CONFIDENTIAL EYE REPORT FOR CHILDREN WITH VISUAL IMPAIRMENTS**

(Adapted from Prevent Blindness Tennessee by J. Coy)

**NAME OF STUDENT:** \_\_\_\_\_ **GENDER:** \_\_\_\_\_ **RACE:** \_\_\_\_\_  
(TYPE OR PRINT) (FIRST) (MIDDLE) (LAST)

**ADDRESS:** \_\_\_\_\_ **DATE OF BIRTH:** \_\_\_\_\_  
(STREET) (CITY) (COUNTY) (STATE) (MONTH\DAY\YEAR)

**SCHOOL:** \_\_\_\_\_ **ADDRESS:** \_\_\_\_\_ **GRADE:** \_\_\_\_\_

**I. HISTORY**

- A. Probable age at onset of vision impairment. Right eye (O.D.): \_\_\_\_\_ Left eye (O.S.): \_\_\_\_\_  
 . 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)? \_\_\_\_\_ What relationship? \_\_\_\_\_

**II. MEASUREMENTS (please record in 20/20 notation or M size)**

| A. Visual Acuity: | <u>Distance Vision</u> |                      |                     | <u>Near Vision</u> |                      |                     | <u>Prescription</u> |       |         |
|-------------------|------------------------|----------------------|---------------------|--------------------|----------------------|---------------------|---------------------|-------|---------|
|                   | Without correction     | With best correction | With low vision aid | Without correction | With best correction | With low vision aid | Sph.                | Cyl.  | Axis    |
| Right Eye (OD)    | _____                  | _____                | _____               | _____              | _____                | _____               | _____               | _____ | x _____ |
| Left Eye (OS)     | _____                  | _____                | _____               | _____              | _____                | _____               | _____               | _____ | x _____ |
| Both Eyes (OU)    | _____                  | _____                | _____               | _____              | _____                | _____               | <b>Date:</b> _____  |       |         |

- B. Visual Field: Restricted? \_\_\_\_\_ If so, to what degree: \_\_\_\_\_  
 C. If glasses are to be worn, were safety lenses prescribed in polycarbonate? \_\_\_\_\_  
 D. If low vision aid is prescribed, specify type and recommendation for use: \_\_\_\_\_

**III. CAUSE OF BLINDNESS OR VISUAL IMPAIRMENT**

- A. Present ocular condition(s) responsible for OD: \_\_\_\_\_  
 vision impairment. (If more than one, specify all but underline the one which probably first caused severe vision impairment). OS: \_\_\_\_\_
- B. Preceding ocular condition, if any, which led to present condition, or the underlined conditioned, specified in A. OD: \_\_\_\_\_  
 OS: \_\_\_\_\_
- C. Etiology-(underlying cause) of the ocular OD: \_\_\_\_\_  
 condition primarily responsible for vision impairment, (e.g. specific disease, injury, poisoning, hereditary, or other prenatal influence.) OS: \_\_\_\_\_
- D. If etiology is injury or poisoning, indicate circumstance and kind of object or poison involved: \_\_\_\_\_

**IV. PROGNOSIS**

- A. Is student's vision impairment considered to be: Stable \_\_\_\_\_ Deteriorating \_\_\_\_\_ Capable of Improvement \_\_\_\_\_  
 Uncertain \_\_\_\_\_
- B. What treatment is recommended, if any? \_\_\_\_\_
- C. When is re-examination recommended? \_\_\_\_\_
- D. Glasses: Not needed \_\_\_\_\_ To be worn constantly \_\_\_\_\_ For near/close work only \_\_\_\_\_ Other (specify) \_\_\_\_\_
- E. Lighting Requirements: Average \_\_\_\_\_ Better than average \_\_\_\_\_ Less than average \_\_\_\_\_
- F. Physical Activity: Unrestricted \_\_\_\_\_ Restricted, as follows: \_\_\_\_\_

**TO BE FORWARDED BY EXAMINER TO:**

**Date of Examination:** \_\_\_\_\_  
**Signature of Examiner:** \_\_\_\_\_  
**Printed Name of Examiner:** \_\_\_\_\_  
**Degree:** \_\_\_\_\_ **Name/Phone Number of Clinic:** \_\_\_\_\_