New Mexico 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 Code: _____ 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)? ____ 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 ____ Anophthalmos ___ Astigmatism ___ Aphakia ____ Coloboma ___ Congenital Cataracts___	Corneal Disorder __ Cortical Visual Impairment___ Glaucoma ___ Hyperopia ____	Microsphthalmos ____ Retinal Detachment ____ ROP _____ RP _____ Other _____	Myopia _____ Nystagmus ____ Optic Atrophy ___ Optic Nerve Hypoplasia ___ Ocular Albinism ___ 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: _____