

Vision Evaluation Form

Nebraska City Public Schools
Nebraska City, Nebraska

School Year _____ Grade Entering _____

Name: _____ Birth Date: ____/____/____

REQUIRED TESTS*	Pass	Fail	Recommend Further Evaluation <i>(comments noted below)</i>
Amblyopia	_____	_____	_____
Strabismus	_____	_____	_____
Internal Eye Health	_____	_____	_____
External Eye Health	_____	_____	_____
Visual Acuity			
Right eye @ distance (20 ft.):		20/____	aided/unaided
Left eye @ distance (20 ft.):		20/____	aided/unaided
Right eye @ near (16 in.):		20/____	aided/unaided
Left eye @ near (16 in.):		20/____	aided/unaided

**A vision evaluation consisting of these required tests meets the legal requirements for the State of Nebraska but is not a complete eye examination such as most eye doctors perform.*

ADDITIONAL TESTS	Pass	Fail	Recommend Further Evaluation
Eye Alignment at Distance	_____	_____	_____
Eye Alignment at Near	_____	_____	_____
Depth Perception	_____	_____	_____
Color Vision	_____	_____	_____
Focusing Amount	_____	_____	_____
Focusing Flexibility	_____	_____	_____
Focusing Lag (Accuracy)	_____	_____	_____
Convergence (Crossing) Ability	_____	_____	_____
Saccade (Rapid) Eye Movement	_____	_____	_____
Pursuit (Tracking) Eye Movement	_____	_____	_____
Other: _____	_____	_____	_____

COMMENTS/RECOMMENDATIONS: _____

Date of Examination: ____/____/____ Examiner's Signature _____

____ O.D. ____ M.D. ____ P.A. ____ A.P.R.N.

PARENT/GUARDIAN STATEMENT OF OBJECTION (WAIVER) TO REQUIREMENT FOR VISION EVALUATION

➤ Nebraska State Statute requires students entering the beginner grade, or in the case of a transfer student from out of state to provide evidence of vision evaluation within six months prior to entry provided no such examination shall be required of any whose parent or guardian shall object thereto in writing. (NE State Law 79-214)

On behalf of my student _____, I object to the required vision evaluation as legislated in NSS 79-214. I understand provisions of the law allow me to waive this requirement for my child by my signed statement.

Signature of Parent/Guardian Date