



EAST TROY

COMMUNITY SCHOOL DISTRICT

Committed to the Growth & Success of Each Student, Each Year

VISION EXAMINATION REPORT

SCHOOL INFORMATION

- | | | | |
|--|---|--|--|
| <input type="radio"/> Little Prairie Primary School
2109 Townline Rd, East Troy
P: 262-642-6730, F: 262-642-2724 | <input type="radio"/> Prairie View Elementary School
2131 Townline Rd, East Troy
P: 262-642-6720, F: 262-642-6788 | <input type="radio"/> East Troy Middle School
3143 Graydon Ave, East Troy
P: 262-642-6740, F: 262-642-6743 | <input type="radio"/> East Troy High School
3128 Graydon Ave, East Troy
P: 262-642-6760, F: 262-642-6776 |
|--|---|--|--|

STUDENT INFORMATION

Student's Name: _____ Date of Birth: _____ Gr: _____ Sex: M F
 Physician's Name: _____ Phone #: _____ Fax #: _____
 Physician's Address: _____ City: _____ St: _____ Zip: _____

The State of Wisconsin encourages parents of Kindergarteners to arrange for their child's eyes to be examined by an optometrist or evaluated by a physician by December 31 of the child's first year in school. An examination or evaluation should include, at a minimum, the elements listed below.

EXAMINATION INFORMATION - TO BE COMPLETED BY THE DOCTOR

(By checking the box, the examining doctor is indicating that the element checked was performed.)

- Brief history (general health and eye health of the child, including family history)
- General external observation of the child's eyes and surrounding structures
- Ophthalmoscopic examination through an undilated pupil
- Gross measurement of peripheral vision
- Evaluation of eye coordination and function (alignment and motility)
- Visual acuity for each eye (separately)

Findings:

Follow up care for this child is recommended

Doctor's Signature: _____ Date: _____

This examination is not required by law. Disclosure of the information noted above is necessary to comply with the statutory purpose as outlined in s. 118.135, Wis. Stats. Disclosure of this information is voluntary and there is no penalty for non-compliance.