

## WISCONSIN STATUTE CHAPTER 118.126

### GENERAL SCHOOL OPERATIONS

**Chapter 118.135 Eye examinations and evaluations.** (1) Beginning in the 2002-03 school year, each school board and each charter school shall request each pupil entering kindergarten to provide evidence that the pupil has had his or her eyes examined by an optometrist licensed under chapter. 449 or evaluated by a physician licensed under chapter. 448.

(2) A pupil who complies with a request under sub. (1) shall provide evidence of an eye examination or evaluation by December 31 following the pupil's enrollment in kindergarten. The school board or charter school shall provide pupils with the form distributed by the department of regulation and licensing under s. 440.03 (16) for that purpose.

(3) To the extent feasible, the medical examining board and the optometry examining board shall encourage physicians and optometrists, for the purpose of this section, to conduct free eye examinations or evaluations of pupils who are in financial need

# Student Vision and Eye Health Examination Form

Because 80% of all learning in children is obtained through vision, it is imperative that your child receive the proper vision and eye health care you can give them. As many as 25% of all children have vision problems significant enough to prevent them from succeeding in school. Moreover, most children don't know they have a vision problem. As adults, we must act on their behalf. **If your child has not had a complete eye examination by an eye care professional in the last 12-24 months, please make an appointment for them today and give them every opportunity to excel in the classroom.**

Date of Exam: \_\_\_\_\_ Student's Name: \_\_\_\_\_

(Please Print)

Please complete the following information. *Thank You*

### UNCORRECTED

DISTANCE		NEAR	
Visual Acuities		Visual Acuities	
RIGHT	20/	RIGHT	20/
LEFT	20/	LEFT	20/
BOTH	20/	BOTH	20/

### CORRECTED

DISTANCE		NEAR	
Visual Acuities		Visual Acuities	
RIGHT	20/	RIGHT	20/
LEFT	20/	LEFT	20/
BOTH	20/	BOTH	20/

#### DIAGNOSIS FROM VISION TESTING/REFRACTION:

- |   |                               |                                   |                               |
|---|-------------------------------|-----------------------------------|-------------------------------|
| Myopia (Nearsightedness)                    | <input type="checkbox"/> Mild | <input type="checkbox"/> Moderate | <input type="checkbox"/> High |
| Hyperopia (Farsightedness)                  | <input type="checkbox"/> Mild | <input type="checkbox"/> Moderate | <input type="checkbox"/> High |
| Astigmatism (two optical curves of the eye) | <input type="checkbox"/> Mild | <input type="checkbox"/> Moderate | <input type="checkbox"/> High |

COLOR VISION:      Right: \_\_\_\_\_ Correct/ \_\_\_\_\_ Possible      Left: \_\_\_\_\_ Correct/ \_\_\_\_\_ Possible

#### VISUAL ABILITIES:

- |                                 |                                   |                                     |
|---------------------------------|-----------------------------------|-------------------------------------|
| Eye Teaming                     | <input type="checkbox"/> Adequate | <input type="checkbox"/> Inadequate |
| Convergence Ability             | <input type="checkbox"/> Adequate | <input type="checkbox"/> Inadequate |
| Focusing Ability                | <input type="checkbox"/> Adequate | <input type="checkbox"/> Inadequate |
| Stereopsis (3-D Vision Ability) | <input type="checkbox"/> Normal   | <input type="checkbox"/> Absent     |

EYE HEALTH STATUS:       Normal       Abnormal Findings: \_\_\_\_\_  
 Refer to Specialist

DOES THIS CHILD NEED TO WEAR GLASSES:      \_\_\_\_\_ YES      \_\_\_\_\_ NO

IF SO, WHEN:      \_\_\_\_\_ Constantly      \_\_\_\_\_ Reading Only      \_\_\_\_\_ Distance Only

RECOMMENDED DATE FOR NEXT EXAM: \_\_\_\_\_

Examining Eye Doctor's Name: \_\_\_\_\_

Examining Eye Doctor's Signature: \_\_\_\_\_

Address: \_\_\_\_\_

Please return this form to:

(Insert your school  
address here)

#### Consent of parent or guardian:

I agree to release the above information on my child to appropriate school authorities and consent to my child obtaining an eye examination.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_