

VISION EVALUATION REPORT

Please return this completed form to school.

A Vision Evaluation is required (according to Nebraska State Statute) for **all incoming kindergartners** within a six month period prior to the start of school. This **also applies to out-of-state transfers to any grade.** This evaluation may be conducted by a physician, physician assistant, advanced practice registered nurse or a vision professional (optometrist or ophthalmologist). *Children may be exempt from this requirement when the parent/guardian provides a written statement of objection (see below).

Name: _____ **Grade:** _____

	Pass	Fail	Recommend Further Evaluation (see comments below)
Amblyopia	_____	_____	_____
Strabismus	_____	_____	_____
Internal Eye Health	_____	_____	_____
External Eye Health	_____	_____	_____
Visual Acuity			
20 feet	Right 20/____	Left 20/____	with/without glasses
16 inches	Right 20/____	Left 20/____	with/without glasses

COMMENTS/RECOMMENDATIONS: _____

Examiner: _____ Date: _____

PARENT/GUARDIAN OBJECTION (WAIVER) STATEMENT TO VISION EVALUATION

On behalf of my child _____, I object to the vision evaluation that is mandated by Nebraska State Statute 79-214. I understand that I have the right to waive this requirement for my child.

 Signature of Parent/Guardian

 Date