



THE SCHOOL BOARD OF BROWARD COUNTY, FLORIDA

1701 N.W. 23rd Avenue • Fort Lauderdale, Florida 33311 • Office: 754-321-3400 • Fax: 754-321-3407

Physician's Report of Eye Examination

Please complete this form and return to your child's school.

Name of Child: _____ Date of Birth: _____

Date of Exam: _____ Diagnosis: _____ Etiology: _____

Child's visual impairment is considered: Stable ___ Degenerative ___ Unknown ___

Visual Acuity

Distance visual acuity without correction: O.D. _____ O.S. _____ O.U. _____

Distance visual acuity with best correction: O.D. _____ O.S. _____ O.U. _____

Near visual acuity without correction: O.D. _____ O.S. _____ O.U. _____

Near visual acuity with best correction: O.D. _____ O.S. _____ O.U. _____

Measure of field of vision: _____

Type of refractive error: _____

Treatment Regimen: _____

Recommendations:

Restrictions: _____

Recommended lighting levels: _____

Glasses: None ___ Constant ___ Reading only ___ Distance only ___ Protection ___

Additional comments: _____

Print name of eye specialist: _____

Address: _____ Phone: _____

Physician Signature: _____ Title: _____ Date Signed: _____

School Phone: _____ School Fax: _____