

STUDENT VISION CARD

Student Name _____ Date _____

School _____ Town _____ Grade _____

TO THE PARENT OR GUARDIAN: To fully assess the health of your child's visual system and prevent future learning problems associated with undetected vision problems, regular professional eye exams are essential. Experts estimate that 80% of learning is obtained through vision. Good vision directly contributes to a child's ability to learn while in school. As a part of your back-to-school preparations, it is recommended that you take your child and this card to your family eye doctor for a complete eye health examination. This card should be signed by the eye care professional and returned to the school nurse or teacher by your child.

The following organizations recommend the use of the Student Vision Card



Iowa Academy of
Ophthalmology



To order more cards call 1-800-444-1772 • www.iowaoptometry.org

Visual Acuity

At Distance

At Near

Without correction

R20/

L20/

R20/

L20/

With present correction

R20/

L20/

R20/

L20/

With new correction

R20/

L20/

R20/

L20/

External Eye Health

Normal Other

Internal Eye Health

Normal Other

Vision Analysis

R

L

Normal eyesight

Eye teaming difficulty

Nearsighted (myopia)

Crossed-eyes (strabismus)

Farsighted (hyperopia)

Eye focusing difficulty

Astigmatism

Sensitivity to light

Amblyopia

Other _____

Vision Correction Recommendations

No correction necessary

To be worn for:

No change in present prescription

Constant wear

Near vision only

New prescription needed

Distance vision only

As needed

TO THE EYE CARE PROFESSIONAL: Please sign and date this card after examination.

Dr. Name: (Please Print) _____

Date _____ Signature _____