

## **Bellevue Public Schools**

В

"Proudly serving the Bellevue/Offutt community"

## **Visual Examination**

Students are required to have a visual evaluation <u>before entering school for the first time</u> (kindergarten) or for any grade when transferring from out-of-state.

The visual evaluation must be completed by an optometrist, physician, physician assistant, or advanced practice registered nurse. The exam must be completed within six months prior to the child's entry into school. The required evaluation must consist of testing for amblyopia (lazy eye); strabismus (misalignment of the eyes caused by a muscle imbalance); internal and external eye health; and testing to determine visual acuity (ability to distinguish objects and shapes). A form for use by a professional examiner that meets this requirement is below.

By signing below, the	consents for the									
				Name of						
release of the h	ealth a	nd me	dical	information	contained	herein	to	be	released	to
Name of S	chool			_·						
Signature			Print	ted Name/Relations	hip to Student				Date	
Student Name				Student ID#						
School										
Visual Evaluation			Reco	ommended Fur	ther					
Report	PASS	FAIL		luation						
Amblyopia										
Strabismus										
Internal Eye Health										
External Eye Health				-						
Visual Acuity										
20 feet: Right 20/ 16 inches: Right 20/										
Comments:										
Signature of Examiner					Date of Exam					
Name //D'Ala - P.E.	(1									
Name/Title of Examine	er (piease	print or	use st	amp)						