



Exceptional Student Education
Eye Medical Report

Student Name, Date of Birth, Grade, School, Parent/Guardian Name, Parent/Guardian Email, Parent/Guardian Phone No., Parent/Guardian Address, City/State, Zip

Attention: Eye Care Specialist (a licensed ophthalmologist or optometrist must address each item below)
The Florida State Board of Education Rule 6A-6.03014 mandates the following medical criteria must be present:

Diagnosis:
Etiology:

Visual Acuity

Distance Vision Without Correction, With Best Correction, Near Vision Without Correction, With Best Correction
OD (right), OS (left), OU (both)
Refractive Error: OD (right), OS (left)
Ocular Pressure: OD (right), OS (left)
Does this student have difficulties seeing color?
If yes, describe:
Is the student photophobic?
Lighting conditions:
Complete ONLY if Acuity cannot be measured. Check the most appropriate estimation below:

For Students Who Are Otherwise Unable to be Assessed:
Describe the function if standard visual acuities and measures of field of vision are unattainable:

Visual Fields

Does the student have a field loss?
Describe: Central, Peripheral

Prognosis

- Permanent Stable Deteriorating
- Can Improve Temporary Unknown

Comments/Symptoms to watch out for:

Treatment Recommendation

What treatment is recommended? _____

Medication(s) _____

Glasses: None Full Time Distance Only Near Only

Contacts: Yes No

Follow up: Yes No Comments: _____

Precautions and Suggestions

Physical Activity: Unrestricted
 Restricted as follows: _____

Safety Concerns: Yes No Comments: _____

Additional precautions, suggestions or concerns:

Date of eye examination: _____ Date of next eye examination: _____

Ophthalmologist/Optometrist Information

*Signature must be original. Reproduction such as a stamp will not be accepted.

PRINT Examiner's Name/Title *SIGNATURE Examiner's Name/Title* *Date*

Address *Phone Number*

***Please attach eye physician's clinical notes to this form and return both forms to:**

School's Contact Information

Referral Coordinator: _____

School: _____

School Address: _____

School Fax: _____