

MENOMINEE INDIAN SCHOOL DISTRICT

420 Exhibit

STATE OF WISCONSIN  
DEPARTMENT OF REGULATION AND LICENSING  
KINDERGARTEN EYE HEALTH EXAMINATION REPORT

Student's Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Sex \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ County \_\_\_\_\_

School/Kindergarten \_\_\_\_\_ City \_\_\_\_\_

Date entering Kindergarten \_\_\_\_\_

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The State of Wisconsin encourages parents of kindergartens to arrange for their child's eyes to be examined by an optometrist or evaluated by a physician by December 31 of the child's first year in school. An examination or evaluation should include, at a minimum, the elements listed below. (By checking the box, the examining doctor is indicating that the element checked was performed).

- Brief history (general health and eye health) of the child, including family history
- General external observation of the child's eyes and surrounding structures
- Ophthalmoscopic examination through an undilated pupil
- Gross measurement of peripheral vision
- Evaluation of eye coordination and function (alignment and modify)
- Visual acuity for each eye (separated)

**Findings:**

As a result of this examination, follow-up care for the child is recommended:

Yes       No

Date of examination: \_\_\_\_\_

Doctor/Physician Signature: \_\_\_\_\_

Print or stamp:

Doctor/Physician Name

Address

Phone

IMPORTANT NOTICE TO PARENTS

**This examination is not required by law.** Disclosure of the information noted above is necessary to comply with the statutory purpose as outlined ins. 118.135, Wis. Stats. Disclosure of this information is voluntary and there is no penalty for non-compliance. You are encouraged to provide a copy of this form to the school and keep a copy for your records.

**Consent of parent or guardian:** I agree to release the above information on my child to appropriate school authority and consent to my child obtaining an eye examination.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

APPROVED:                      January 7, 2004