

Eye See...Eye Learn™

Eye Health and Vision Report



Name of Student: _____
Date of Birth: _____
Name of School: _____
Teacher: _____

WHAT DO I DO WITH THIS FORM?

If your child **has had** an eye examination **within the last year**, thank you and **no further action is required**. Please recycle this form. **Thank you** for making regular eye exams a part of your family health plan.

If your child **has not had** an eye examination **within the last year**, we ask parents/guardians to book an appointment and bring this form to the optometrist's office. The optometrist will complete this form following the child's eye examination. If spectacles or modifications to your child's learning environment (e.g. seating location) have been recommended, parents/guardians should **keep one copy** of this form and **provide the second copy to the child's teacher**. Find an optometrist at www.ESElSk.ca. **Saskatchewan Health covers the cost of an annual eye exam for all children under the age of 18.**

EYE HEALTH

- Your child has no visual problems at this time and does not require glasses.
- Your child has been diagnosed with the following condition(s), which may affect their reading or learning potential.
- Normal Nearsighted Farsighted Distance & near blur Turned eye Lazy eye
(Myopia) (Hyperopia) (Astigmatism) (Strabismus) (Amblyopia)

Other: _____

Details: _____

- During the eye examination, eye drops were used to allow us to better examine your child's eyes. These drops make pupils larger, but this side effect will wear off within a few hours.

RECOMMENDATIONS

1. **Corrective Lenses:** No Yes, glasses should be worn for: Constant wear Up close (near vision)
 Distance (far vision)

2. **Preferential Seating Recommended:** No Yes, comments: _____

3. **Vision Therapy Recommended:** No Yes, comments: _____

4. **Complete Eye Examination Recommended in:** 3 months 6 months 1 year Other: _____

Date of Examination: _____

Optometrist's Name: _____

Clinic Name/Stamp (insert here)

Clinic Phone Number: _____

If you have any questions, please contact the optometrist who completed this form or the Saskatchewan Association of Optometrists at 306.652.2069 or 1.877.660.3937 or by email at admin@saosk.ca