File: 508.01 Form 3
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SCOTTSBLUFF PUBLIC SCHOOLS HEALTH SERVICES REPORT OF VISION EVALUATION (Please return this form to your child's school health office)

Effective with the 2006-2007 school year, Nebraska State Statute requires students entering kindergarten (or first grade, if not enrolled in kindergarten) to provide evidence of vision evaluation within six months prior to entry. This requirement also applies to out-of-state transfers to any grade. The evaluation may be performed by a physician, physician assistant, advanced practice registered nurse, or vision professional (optometrist or ophthalmologist). Children are exempt from this requirement when the parent/guardian provides a written statement of objection. For more information about the vision requirement, including the availability of resources for low-income families, please contact the school nurse in your child's school.

Examiner:	Date:			
		Pass	Fail	Recommend Further Evaluation (see comments below)
Amblyopia			<u> </u>	
Strabismus				
Internal Eye Health				
External Eye Health Visual Acuity		•		
20 feet	Right 20/		Left 20/	with/without glasses
16 inches	Right 20/	_	Left 20/	with/without glasses
16 inches COMMENTS/RECO	MMENDATIO			
COMMENTS/RECO	OMMENDATIO	MENT OF	F OBJECTION	(WAIVER) TO REQUIREMENT
COMMENTS/RECO	DIAN STATEM	MENT OF	F OBJECTION ON EVALUATI	ÒN
COMMENTS/RECO	DIAN STATEM	MENT OI	F OBJECTION ON EVALUATI	(WAIVER) TO REQUIREMENT
PARENT/GUARI On behalf of my stud	DIAN STATEM for the statement of the st	MENT OF OR VISIO	F OBJECTION ON EVALUATI s Full Name n Nebraska St	(WAIVER) TO REQUIREMENT ON

Reviewed:

Revised:

Approved: