



HEALTH SERVICES
REPORT OF VISION EVALUATION
(Please return this form to your child's school office)

Effective with the 2006-2007 school year, Nebraska State Statute 79-214 requires students entering kindergarten (or first grade, if not enrolled in kindergarten) to provide evidence of visual evaluation within six month prior to entry. This requirement also applies to out of state transfers to any grade. The vision evaluation may be performed by a physician, physician assistant, advanced practice nurse practitioner, or vision professional (optometrist or ophthalmologist). Students are exempt from this requirement when the parent/guardian provides a written statement of objection.

STUDENT NAME: _____

Examiner: _____ Date: _____

	Pass	Fail	Recommend Further Evaluation (see comments below)
Amblyopia	_____	_____	_____
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

COMMENTS/RECOMMENDATIONS:

**PARENT/GUARDIAN STATEMENT OF OBJECTION (WAIVER) TO REQUIREMENT
FOR VISION EVALUATION**

On behalf of my student _____, I object to the required vision
Student's Full Name

Evaluation as legislated in Nebraska State Statute 79-214. I understand provision of the law allow me to waive this requirement for my child by my signed statement.

Signature of Parent/Guardian

Date