



Health Services
725 Harrison Street
Syracuse, New York 13210
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Dear Parent:

Your child \_\_\_\_\_ was unable to read the vision chart at school on \_\_\_\_\_. Children that cannot see in the classroom will have a difficult time learning in school.

The following results were obtained:

Table with 3 columns: Visual Acuity, Near, Distance. Rows: Without Lenses, With Lenses.

Other Observations: \_\_\_\_\_

It is recommended that your child's eyes be examined by an eye care specialist. If you do not have insurance, or if your plan does not cover glasses, please contact the Health Office during school hours.

Please have the bottom of this form completed by the examiner and return it to the school nurse. As always, I look forward to working with you to help your child do their best in school.

School \_\_\_\_\_ School Nurse Phone \_\_\_\_\_

Address \_\_\_\_\_

Signature of School Health Professional

REPORT OF EYE EXAMINATION TO THE SCHOOL:

Date of Exam: \_\_\_\_\_ Date of Next Appt.: \_\_\_\_\_

Table with 3 columns: Visual Acuity, Near, Distance. Rows: Without Lenses, With Lenses.

Diagnosis: \_\_\_\_\_

Lens Requirements: \_\_\_\_\_ Correction not required \_\_\_\_\_ Glasses \_\_\_\_\_ Contact lenses

Frequency of Classroom Use: \_\_\_\_\_ Wear at all times \_\_\_\_\_ Wear for distance \_\_\_\_\_ Wear for reading only
\_\_\_\_\_ Other (specify) \_\_\_\_\_

\* Physical Education \_\_\_\_\_ Wear for Physical Education \_\_\_\_\_ Remove for Physical Education

Other Recommendations: \_\_\_\_\_

Physician's Name \_\_\_\_\_ Address \_\_\_\_\_

Phone # \_\_\_\_\_

\*Note: Only polycarbonate lenses are acceptable for wear during physical education.