## Ohio Department of Health **Eye Specialist Report**

school Screening into	nnation		Date of Referral	
Child's Name			Date of Keletial	
			Grade	
School			5.5.5	
Reason for referral (test failed or	thmo of cumptom)			
Reason for referral (test falled of	type or symptomy			
School Screening visual acuity	without glasses	with glasses		
	Without Branch	•		
	RL	RL		
Eye Specialist				
Distance Visual Acuity	without correction	with current prescription	with new prescription	
	William dollars.			
	RL	R L	R L	
Summary of vision problems an				
Summary of vision problems an	a diagnosis			
-				
			<u></u>	
Recommendations				
Recommendations				
Additional instructions for teach	er			
, management in the design for the control of				
<del></del>				
-				
Is further treatment necessary?	Yes No	I wish to see the child again.	Yes No	
,	145 140	*		
If yes, specify		If yes, when?	if yes, when?	
		F		
Please return form to		From		
		Eye Specialist		
		l l		
		Address		
		City	State ZIP	
		City	Julio 2"	
		Date		
		Date		
1				

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