



## **CERTIFICATE OF VISION SCREENING**

Pursuant with Iowa Code Chapter 641.52 RETURN COMPLETED FORM TO CHILD'S SCHOOL.

## Student Information (please print)

Student Last Name:	Student First Name:		Birth Date (M/D/YYYY):
Parent/Guardian Telephone Number:	I	Student Address:	
Zip Code:			

**<u>Screening Information</u>** vision testing requirements can be accomplished either through a screening (see below) or with a comprehensive eye exam (see other side). Screening provider must complete this section *or parents may attach a copy of vision screening results given to them by a provider.* 

Date of Vision Screening:			
Result: (Please check):  Pass or  Fail			
Testing method: (Please check)			
Visual Acuity: (if available)			
Right EyeLeft Eye			
Referral to eye health professional: (Please check)			

Business Name/Source of Screening: (please print name of provider office or if provided by school nurse, name of school)

Provider Name: (please print) \_\_\_\_\_Phone: \_\_\_\_\_ Signature and Credentials of Provider: \_\_\_\_\_\_Date: \_\_\_\_\_

A parent or guardian of a child who is to be enrolled in a public or accredited nonpublic elementary school shall ensure the child is screened for vision impairment at least once before enrollment in Kindergarten **and** again before enrollment in the 3<sup>rd</sup> grade.

To be valid, a minimum of one child vision screening shall be performed no earlier than one year prior to the date of enrollment in Kindergarten and 3<sup>rd</sup> grade and no later than six months after the date of the child's enrollment in Kindergarten and 3<sup>rd</sup> grade.

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