Nebraska Department of Health and Human Services

Department of Health and Human Services
Report of Visual Evaluation

School Name (if desired) Malcolm Public Schools

Effective with the 2006-07 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 months 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. For more information about the vision evaluation requirement, including the availability of resources for low-income families, please contact the school.

PARENT/GUARDIAN: This form is provided as a convenience to you and your child's health care provider in meeting the requirement for visual evaluation in Nebraska schools. No specific form is required by the statute. The information provided here may be shared with school personnel as needed to promote your child's safety and educational success.

By signing below, the parent/guardian of _____ **consents for the**
Name of Student

release of the health and medical information contained herein to be released to _____
Name of School

_____ _____ _____
Signature **Printed Name/Relationship to Student** **Date**

Student Name _____ Student ID# _____

School _____

Visual Evaluation Report	PASS	FAIL	Recommend Further Evaluation	
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:

Signature of Examiner _____ Date of Exam _____

Name/Title of Examiner (please print or use stamp) _____