

**SAMPLE**

<District/School Name or Letterhead>  
**Vision Referral Letter**

Date \_\_\_\_\_

Dear Parent/Guardian:

Recent vision screening test at school indicates that \_\_\_\_\_ may have some vision  
(student and grade)  
difficulty. A comprehensive eye examination is recommended. Please take this form with you at the time of  
examination.

\_\_\_\_\_  
(School Nurse)

\_\_\_\_\_  
(School Contact information)

**REASON FOR REFERRAL**

Vision Test Results \_\_\_\_\_ Screening Tool(s) used\*: \_\_\_\_\_

- Blinking     Blurred Vision     Frequent headaches after reading
- Squinting     Watering Eyes     Other \_\_\_\_\_

Remarks \_\_\_\_\_

\* If an automated screening was used, attach printout from the machine.  
.....

**EYE EXAMINER’S REPORT TO SCHOOL**

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

- No Treatment Indicated
- Treatment Recommended
  - Glasses Prescribed
    - To be worn at all times
    - To be worn at all times except during physical education
    - To be worn for far vision activities, e.g., driving, looking at the board
  - To be worn for near vision activities, e.g. computer work, reading, writing Other: \_\_\_\_\_

Vision to be expected with correction:            R 20/            L 20/

Classroom/School Recommendations:  
\_\_\_\_\_

Recommended Date for Re-examination: \_\_\_\_\_

We would appreciate any additional information which may be pertinent to this student’s school adjustment.

Date \_\_\_\_\_

\_\_\_\_\_  
Name of Eye Examiner (MD, DO, or OD)

Phone/Email \_\_\_\_\_

\_\_\_\_\_  
Signature of Eye Examiner

**NOTE: Please complete and return to the school nurse. Thank you.**