

EYE REPORT FOR CHILDREN WITH VISUAL PROBLEMS

This form is designed to elicit information on a small number of visually impaired students who may require specialized support services from a Consultant for the Visually Impaired, Program and Student Services Branch, Manitoba Education. Personal data to be completed by school or parent. Medical (eye) information to be completed by eye doctor. Consent to release information to Manitoba Education **MUST** be signed by parent (guardian) on reverse. Manitoba Education is prepared to secure the medical information from the eye doctor providing that the parent signs the release and provides the name and address of the eye doctor.

Name of Student: _____ Date of Birth: _____
(month) (day) (year)

Home Address: _____
(No. and Street) (City/Town) (Postal Code)

School: _____

DIAGNOSIS, ETIOLOGY & HISTORY

A. DIAGNOSIS of present ocular condition: _____

B. ETIOLOGY or underlying cause: _____

C. Severe ocular infections, injuries, operations, if any, with age at time of occurrence: _____

D. Probable AGE OF ONSET of visual impairment - right eye (O.D.) _____
- left eye (O.S.) _____

E. Has student's ocular condition occurred in any blood relative? _____ Relationship? _____

MEASUREMENTS

A. <u>VISUAL ACUITY:</u>	Distance Vision		Near Vision	
	<u>Without Correction</u>	<u>With Best Correction</u>	<u>Without Correction</u>	<u>With Best Correction</u>
Right eye (O.D.)	_____	_____	_____	_____
Left eye (O.S.)	_____	_____	_____	_____
Both eyes (O.U.)	_____	_____	_____	_____

B. **FIELD OF VISION:** Is there a limitation? _____ If so, please describe including degrees of remaining visual field _____

