

SCHOOL VISION REFERRAL

Dear Parent/Guardian,

Date _____

School vision screening test, recently performed at _____, indicate that your child, _____, was tested (with glasses/contacts on) and did not pass the screening.

Children's eyes can change over a period of time. Perhaps you already have had your child examined by an ophthalmologist. If so, please write a note to that effect and have **the enclosed form on the reverse side completed by the eye specialist and return it to the school health office.**

If your child has not seen an eye specialist recently, it is advisable to have an examination as soon as possible. When you go, **please ask the physician to complete the enclosed form on the reverse side and return it to us.**

It is very important that we have this report from the eye specialist to incorporate any recommendations that will assist us in helping your child do his/her best at school.

If you have any questions, please call me at: _____.

Sincerely,

_____, School Nurse