

# LINE MOUNTAIN SCHOOL DISTRICT

## Line Mountain Middle/High School

Jeffrey Roadcap, Principal  
Ph. (570) 758-2011 Fax (570) 758-1514  
Mrs. Cindi Grimm R.N., B.S.N.



## Line Mountain Elementary School

Jeanne Menko, Principal  
Trevorton – Ph. (570) 797-3825 Fax (570) 797-4001  
Mrs. Joanne Snyder, R.N., B.S.N.



### REPORT OF ROUTINE EYE EXAMINATION

Date examined \_\_\_\_\_

Student's name/Grade \_\_\_\_\_

Address \_\_\_\_\_

#### 1. Visual Acuity

	FAR			NEAR		
	Right	Left	O.U.	Right	Left	O.U.
<b>With glasses/contacts</b>	20/____	20/____	20/____	20/____	20/____	20/____
<b>Without glasses/contacts</b>	20/____	20/____	20/____	20/____	20/____	20/____

2. Convex Lens (excessive farsightedness): Passed\_\_\_ Failed\_\_\_ Not Tested\_\_\_

3. Color vision: Passed\_\_\_ Failed\_\_\_ Not Tested\_\_\_

4. Stereo/Depth Perception: Passed\_\_\_ Failed\_\_\_ Not Tested\_\_\_

Glasses prescribed  YES  NO

Constant Wear  YES  NO

Near Work Only  YES  NO

Distance Work Only  YES  NO

Special seating in the classroom is advisable  YES  NO

Should student return for further care?  YES  NO

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

\_\_\_\_\_  
Physician's name (print)

\_\_\_\_\_  
Physician's signature

\_\_\_\_\_  
Physician's Address

\_\_\_\_\_  
Phone #