

**Eye Examination Law**  
(Recommended)

Prior to December 31 of your child's kindergarten year, state law **recommends** that your child undergo an eye examination by an optometrist or an eye evaluation by a physician. The evaluation would require a more in-depth vision assessment than the child's pediatrician typically provides at a five-year-old wellness check-up. The Wisconsin Optometric Association recommends complete examination. Their member optometrists have committed to providing such examinations at no cost for any child whose family meets certain financial criteria and does not have insurance coverage for eye examinations. Please plan to schedule this component of your child's pre-kindergarten health testing prior to the start of the school year. You may contact the Wisconsin Optometric Association for more information at (877) 435-2020.

The ability to succeed in school is very much connected to eye health and visual ability. We encourage you to have your child's eyes examined by a doctor or optometrist before school starts in fall. If you do, please ask your eye doctor to complete this form and return it to school by December 31<sup>st</sup>.

Student's Name \_\_\_\_\_ Date of Birth \_\_\_/\_\_\_/\_\_\_ Gender M \_\_\_ F \_\_\_

Parent/Guardian Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

School \_\_\_\_\_ School District \_\_\_\_\_ County \_\_\_\_\_

Date entering Kindergarten \_\_\_\_\_

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Which of the following six aspects of an eye exam were completed?

- Brief history of the child (general and eye) including family history
- General external observation of the child's eyes and surrounding structures
- Ophthalmoscopy examination through an undilated pupil
- Gross measurement of peripheral vision
- Evaluation of eye coordination and function (alignment and motility)
- Visual acuity for each eye (separately)

**FINDINGS:**

As a result of this examination, follow-up care for this child is recommended: Yes \_\_\_\_\_ No \_\_\_\_\_

Date of Vision Exam \_\_\_\_\_

Name of Doctor \_\_\_\_\_ Signature \_\_\_\_\_

Doctor's Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_

**Notice to Parents:**

Disclosure of this information is voluntary and there is no penalty for non-compliance. If you do not feel that you can afford to pay for an exam, please contact the Wisconsin Optometric Association at (877) 435-2020. You may qualify for a **free exam**. Please return the form to your child's school by **December 31<sup>st</sup>** after your child's enrollment in kindergarten.