

**St. Johns County School District
Exceptional Student Education
40 Orange Street, St. Augustine, FL 32084 (904) 547-6042**

EYE MEDICAL INFORMATION AND CERTIFICATION FORM

Name of Student:	D.O.B.:
School:	Grade:
Name of Parent or Guardian:	
Address:	
Email:	Phone: ()
I give permission for the examiner and school district personnel to exchange pertinent information pertaining to my child's condition.	
Parent/Guardian Signature_____ Date:_____	

According to the State of Florida Administrative Code Rule 6A-6.03014, the definition of a Visual impairment including blindness means any impairment in vision regardless of significance or severity that, even with correction, adversely affects the student's educational performance. The term includes both partial sight and blindness, including ocular, brain-based and neurological disorders.

Diagnosis _____

Etiology _____

Date of Exam: _____

Date form completed: _____

Physician's Signature

Name of Clinic

Print Physician's Name

Date Completed

Office Telephone Number

Office Fax Number

Please return the completed form to:

<u>Name:</u> Avery Greene, ESE Coordinator of Support Services	<u>Address:</u> 40 Orange Street St. Augustine, Florida 32084
<u>Fax:</u> 904-547-6074	<u>Phone:</u> 904-547-6061

Physician's Report

1. Age of Onset:	<input type="checkbox"/> Congenital	<input type="checkbox"/> Adventitious	Age of Onset: _____
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2. Ocular History: Please list previous eye diseases, injuries, surgery, etc.

3. Visual Acuity: Please offer your best professional estimate of visual functioning/acuity. Complete the box below using Snellen equivalents or NLP, LP, CF, HM, F and F, CSM.

Without Correction		With Best Correction	
Distance (20ft)	Near (16in)	Distance (20ft)	Near (16in)
OS	OS	OS	OS
OD	OD	OD	OD
OU	OU	OU	OU

If the acuity cannot be measured, please select the most appropriate estimation:	
<input type="checkbox"/> Legally Blind 20/200 or worse	<input type="checkbox"/> Between 20/70 and 20/199
<input type="checkbox"/> Better than 20/70	<input type="checkbox"/> Functions at the Definition of Blindness (e.g. CVI)

4. Visual Fields: Is there a documented field loss?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Unable to determine
Visual Fields: <input type="checkbox"/> 21 to 30 degrees <input type="checkbox"/> 20 degrees or less <input type="checkbox"/> Unable to determine <input type="checkbox"/> No apparent field loss Describe: Central or Peripheral			

5. Color vision:	<input type="checkbox"/> Normal	<input type="checkbox"/> Impaired	Explain:
6. Muscle function:	<input type="checkbox"/> Normal	<input type="checkbox"/> Impaired	Explain:
7. Is contrast sensitivity affected:	<input type="checkbox"/> Normal	<input type="checkbox"/> Impaired	Explain:

8. Prognosis:	<input type="checkbox"/> Stable	<input type="checkbox"/> Deteriorating or degenerative	<input type="checkbox"/> Capable of Improvement	<input type="checkbox"/> Guarded
	<input type="checkbox"/> Permanent	<input type="checkbox"/> Unable to determine	<input type="checkbox"/> At risk for vision loss	