

**THE FOUNDATION FOR BLIND CHILDREN**

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Phoenix, AZ 85020  
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**EYE EXAMINATION REPORT**

Today's date: \_\_\_\_\_ Date of examination: \_\_\_\_\_  
Name: \_\_\_\_\_ Birth date: \_\_\_\_\_  
Parents: \_\_\_\_\_ Home phone: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

**VISUAL ACUITY\*:**

Distance - Right eye: \_\_\_\_\_ Left eye: \_\_\_\_\_  
Near - Right eye: \_\_\_\_\_ Left eye: \_\_\_\_\_  
If field is restricted: VF \_\_\_\_\_ degrees (combined)

Does the student have a visual impairment?+  
YES \_\_\_\_\_ NO \_\_\_\_\_

Is student legally blind?\*\* YES \_\_\_\_\_ NO \_\_\_\_\_  
or

Is student partially sighted?++ YES \_\_\_\_\_ NO \_\_\_\_\_

Diagnosis of visual impairment: \_\_\_\_\_  
\_\_\_\_\_

Age at onset of vision loss: \_\_\_\_\_

Prognosis: \_\_\_\_\_

Secondary eye condition: \_\_\_\_\_

Other disabilities: \_\_\_\_\_

Comments or Summary:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_  
Ophthalmologist / Optometrist

Name and Title (please print): \_\_\_\_\_

**NOTE:** Eye exam must be performed and report signed by an ophthalmologist or optometrist. To meet registration requirements for federal funding, functional vision assessment is not acceptable and a diagnosis alone without vision measurements stated separately for each eye is insufficient information. Thank you.

\*Please use the federal reporting codes as given below; measurements should be written in terms of **distance vision** on the Snellen Chart; the term **fixes and follows** or a diagnosis without vision measurements are **not** sufficient.

+ Under AZ Statute A.R.S. 15-761 (16), visual impairment is a condition that interferes with the child's performance in the educational environment.

\*\* 20/200 to totally blind in the better eye and with best correction or widest diameter of visual field subtending to a combined angle of 20 degrees or less.

++ Between 20/70 and under 20/200 in the better eye with best correction.

**Examples of Vision Measurements and Reporting Codes to be used**

<b>OD: 20/200</b>	<b>Distance</b> vision measurement on Snellen Chart, stated for each eye with maximum correction, e.g. 20/200, 20/400
<b>OS: 20/400</b>	
<b>VF and the degree of restriction(e.g. VF 20)</b>	<b>Restricted field</b> of 20 degrees or less in both eyes combined
<b>CF-Counts Fingers and/or</b>	<b>Should be used only when an eye specialist finds it is not possible to obtain acuities using the Snellen Chart</b>
<b>FDB-Functions at the definition of blindness</b>	
<b>HM-Hand Movement and/or</b>	
<b>OP-Object Perception</b>	
<b>LP - Light Perception</b>	
<b>NIL- No Light Perception/totally blind</b>	