## EYE REPORT FOR CHILDREN WITH VISUAL PROBLEMS

This form is designed to elicit information on a small number of visually impaired students who may require specialized support services from a Consultant for the Visually Impaired, Program and Student Services Branch, Manitoba Education. Personal data to be completed by school or parent. Medical (eye) information to be completed by eye doctor. Consent to release information to Manitoba Education **MUST** be signed by parent (guardian) on reverse. Manitoba Education is prepared to secure the medical information from the eye doctor providing that the parent signs the release and provides the name and address of the eye doctor.

School:	
School:	(year)
School:	stal Code)
DIAGNOSIS, ETIOLOGY & HISTORY         A.       DIAGNOSIS of present ocular condition:         B.       ETIOLOGY or underlying cause:         C.       Severe ocular infections, injuries, operations, if any, with age at time of occurrence:         D.       Probable AGE OF ONSET of visual impairment - right eye (O.D.)         - left eye (O.S.)	,
A       DIAGNOSIS of present ocular condition:         B.       ETIOLOGY or underlying cause:         C.       Severe ocular infections, injuries, operations, if any, with age at time of occurrence:         D.       Probable AGE OF ONSET of visual impairment - right eye (O.D.) - left eye (O.S.)         E.       Has student's ocular condition occurred in any blood relative?         Relationship?         MEASUREMENTS         A       VISUAL ACUITY:         Distance Vision       Near Vision         Without Correction       With Best Correction         Right eye (O.D.)	
B. ETIOLOGY or underlying cause: C. Severe ocular infections, injuries, operations, if any, with age at time of occurrence: D. Probable AGE OF ONSET of visual impairment - right eye (O.D.) - left eye (O.S.) E. Has student's ocular condition occurred in any blood relative? MEASUREMENTS A. VISUAL ACUITY: Distance Vision Vith Best Correction With Best Correction With Best Correction With Best Correction Right eye (O.D.) Left eye (O.S.) Both eyes (O.U.)	
C. Severe ocular infections, injuries, operations, if any, with age at time of occurrence: D. Probable AGE OF ONSET of visual impairment - right eye (O.D.) - left eye (O.S.) E. Has student's ocular condition occurred in any blood relative? Relationship? MEASUREMENTS A. VISUAL ACUITY: Distance Vision Without Correction With Best Correction Without Correction Right eye (O.D.) Left eye (O.S.) Both eyes (O.U.)	
D.       Probable AGE OF ONSET of visual impairment       - right eye (O.D.)         - left eye (O.S.)	
- left eye (O.S.) E. Has student's ocular condition occurred in any blood relative? Relationship?  MEASUREMENTS A. VISUAL ACUITY: Distance Vision  Without Correction With Best Correction Without Correction With Dest Correction Right eye (O.D.) Left eye (O.S.) Both eyes (O.U.)	
- left eye (O.S.) E. Has student's ocular condition occurred in any blood relative? Relationship?  MEASUREMENTS A. VISUAL ACUITY: Distance Vision  Without Correction With Best Correction Without Correction With Dest Correction Right eye (O.D.) Left eye (O.S.) Both eyes (O.U.)	
E. Has student's ocular condition occurred in any blood relative? Relationship? MEASUREMENTS A. VISUAL ACUITY: Distance Vision <u>Verthout Correction</u> With Dest Correction Without Correction With Dest Correction Right eye (O.D.) Left eye (O.S.) Both eyes (O.U.)	
A. VISUAL ACUITY: Distance Vision Near Vision           Without Correction         With Best Correction         Without Correction         With Best Correction           Right eye (O.D.)	
Distance Vision     Near Vision       Without Correction     With Best Correction     Without Correction       Right eye (O.D.)	
Distance Vision     Near Vision       Without Correction     With Best Correction     Without Correction       Right eye (O.D.)	
Right eye (O.D.)	
Left eye (O.S.)	<u>n</u>
Both eyes (O.U.)	
<b>B FIELD OF VISION:</b> Is there a limitation?	
B. <u>FIELD OF VISION:</u> Is there a limitation? If so, please describe including degrees of remaining the solution of the	ıg visual
field	

## PROGNOSIS AND RECOMMENDATIONS

Α.	Is student's vision impairment considered to be: stable deteriorating capable of improvement uncertain
В.	What TREATMENT is ongoing, if any?
C.	When is RE-EXAMINATION recommended? months yearly never
D.	GLASSES:       not needed       wear part of the time         to be worn most of the time       If so, specify
E.	LIGHTING requirements: average better than average less than average
F.	Does the present condition necessitate limited use of vision? Specify
G	PHYSICAL ACTIVITY: unrestricted Restricted as follows:

TO BE COMPLETED BY THE EYE SPECIALIST	-
Date of Examination:	
Signature of Examiner:	
Name of Examiner (PRINT):	
Address:	

I hereby authorize the doctor to submit the above report to Manitoba Education and realize this information will be shared with my child's school.

Signature of Parent (Guardian)

## PLEASE RETURN COMPLETED FORM TO:

FREYA MARTINOT MANITOBA EDUCATION PROGRAM AND STUDENT SERVICES BRANCH 204 – 1181 PORTAGE AVENUE WINNIPEG, MB R3G 0T3