



## Vision Examination Form

Effective with the 2006-2007 school year, Nebraska State Statute requires students entering kindergarten (or first grade, if not enrolled in kindergarten) to provide evidence of vision evaluation with six months prior to entry. This requirement also applies to out of state transfers to any grade.

This evaluation may be performed by a physician, physician assistant, advance practice registered nurse or vision professional (optometrist or ophthalmologist). Children are exempt from this requirement when the parent/guardian provides a written state of objection. If you need information about the vision requirement please contact the school nurse in your child's school.

Student: \_\_\_\_\_ DOB: \_\_\_\_\_  
 \_\_\_\_\_, **OD MD PA APRN** (circle one)

**Signature of the Examiner**

Date: \_\_\_\_\_

Evaluation	Pass	Fail	Recommended further (See comments below)
Amblyopia	_____	_____	_____
Strabismus	_____	_____	_____
Internal Eye Health	_____	_____	_____
External Eye Health	_____	_____	_____
Visual Acuity	_____	_____	_____
20 feet	Right 20/_____	Left 20/_____	with/without glasses
16 inches	Right 20/_____	Left 20/_____	with/without glasses

Comments/Recommendations: \_\_\_\_\_

**Parent/Guardian Statement of Objection (Waiver) To  
Requirement for Vision Evaluation**

On behalf of my student, \_\_\_\_\_, I object to the required vision evaluation as required by the State of Nebraska. I understand provisions of the law allow me to waive this requirement for my child by my signed statement.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date