



MORGAN HILL UNIFIED SCHOOL
15600 Concord Circle, Morgan Hill, CA 95037
 Ph: (408) 201-6000 Fax: (408) 778-0436

Name of Student	School	Grade	Date
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Dear Parent:

As a result of a recent vision screening program at school, we believe that your child should have a complete eye examination. We urge you to give this your prompt attention. Please take this form to your eye examiner.

Your signature will authorize your child's doctor to return information to the school nurse. If you have any questions, please call the nurse at _____.

Estimados Padres:

Como resultado de un programa de examen de la vista recientemente en la escuela, creemos que su hijo debe someterse a un examen ocular completo. Lo instamos a dar a este su pronta atención. Por favor lleve este formulario a su examinador de los ojos.

Su firma autoriza al doctor de su niño para facilitar información a la enfermera de la escuela. Si usted tiene alguna pregunta, por favor llame a la enfermera en _____.

School Nurse/Enfermera de la Escuela	Parent Signature/Firma de Padres
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Note to the Examiner:

We have directed the parent's attention to the need for a complete examination because of:

Vision Screening Test: **Snellen**

Report of Examiner to School

Visual Acuity:	Without lenses	-	R.20/	L.20/	Both - 20/
	With lenses	-	R.20/	L.20/	Both - 20/

Glasses: _____ Not Prescribed _____ Prescribed
 _____ To be worn for close work only _____ To be worn for distance only _____ To be worn at all times

Preferential seating recommended _____
 Other recommendations or suggestions _____
 Date Patient should return for further evaluation _____

M.D. Signature	Address
Date	