



Huntington County Community School Corporation

Tomorrow today.

HUNTINGTON COUNTY COMMUNITY SCHOOL CORPORATION
DOCTOR'S VISION REPORT FOR PRE-SCHOOL CHILD

Date of Exam: _____

Child's Name: _____ Date of Birth: _____

Address: _____
City _____ County _____

V.A. uncorrected O.D. _____ O.S. _____ O.U. _____
Of significant
Corrected O.D. _____ O.S. _____

Defect: Myopia _____ Hyperopia _____ Astigmatism _____
Binocular Corr. _____ Tropias _____ Phorias _____
(Muscle)
Convergence _____ Suppression _____
Stereopsis _____ Color Vision _____

Treatment: Glasses _____ (How to be worn) V.T. _____ Orthoptics _____
Medical _____ Surgical _____
No RX at present _____ Not necessary _____

Further treatment recommended: Visual _____ Medical _____ V.T. _____
Return in _____ Weeks _____ Months _____ Years _____

Comments: _____

Signed: _____

Degree: _____

Superintendent Randy Harris
Assistant Superintendent for Instruction Chad Daugherty
Business Manager Scott Bumgardner