St. Lucie Public Schools - Exceptional Student Education
Medical Eye Report for the Visually Impaired Program

Name of Student:	D.O.B.
School:	Grade:
Name of Parent/Guardian:	
Address:	
Email:	Phone: ( )

The Florida State board of Education Rule 6A-6.03014 Exceptional Student Education Eligibility for Students Who Are Visually Impaired mandates all the following medical criteria must be present:

Diagnosis _____
Etiology _____

Indicate if diagnosis is one of the following:

☐ Bilateral Anophthalmia ☐ Cortical Visual Impairment Suspect ☐ Convergence Insufficiency

Prognosis:

☐ Permanent ☐ Stable ☐ Deteriorating ☐ Can improve ☐ Unable to determine ☐ Risk for vision loss

Visual Acuity: Complete the box below using Snellen equivalents or NLP, LP, CF, HM, F and F, CSM.				If the acuity cannot be measured (or student is birth-5 years of age), please select the most appropriate estimation: ☐ Legally Blind 20/200 or worse ☐ Between 20/70 and 20/199 ☐ Better than 20/70 ☐ Functions at the Definition of Blindness (e.g. CVI)
Without Correction		**With Best Correction**		
Distance (20 ft)	**Near (16 in)**	**Distance (20 ft)**	**Near (16 in)**	
OS	**OS**	**OS**	**OS**	
OD	**OD**	**OD**	**OD**	**Visual Fields:** ☐ 21 to 30 degrees ☐ 20 degrees or less ☐ Unable to determine ☐ No apparent field loss **Describe:** Central or Peripheral
OU	**OU**	**OU**	**OU**	

Muscle Function/Binocularity: □ Normal □ Abnormal **Describe:** _____

Color Vision: □ Normal □ Abnormal **Photophobia** □ Yes □ No

Treatment Regimen: _____

Prescribed Glasses: □None □ Close work only □ Distance only □ Worn constantly

Prescribed Contact Lenses: □ Yes □ No **Prescribed Low Vision Aids:** □ Yes □ No

Clinical Low Vision Evaluation Recommended: □ Yes □ No

Precautions or Suggestions (e.g., lighting conditions, physical activities to be avoided, etc):

A licensed ophthalmologist or optometrist must indicate at least one of the criteria below that best describes the patient's visual functioning:

☐ A visual acuity of 20/70 or less in the better eye after best possible correction

☐ A visual field so constricted that it affects the student's ability to function in an educational setting

☐ A diagnosis of visual impairment after best correction

☐ A progressive loss of vision that may affect the student's ability to function in an educational setting.

☐ None of the above

Examiner's Printed Name:	**Examiner's Signature:**
Address:	
Phone:	**Fax:**
Date of Exam:	**Date Form Completed:**

Thank you for your assistance, please return the completed form to:

Name:	**Title:**
Address:	
Phone:	**Fax:**