

**State of Wisconsin
Department of Regulation and Licensing
INFORME DEL EXAMEN DE SALUD DE LOS OJOS PARA KINDERGARTEN
(KINDERGARTEN EYE HEALTH EXAMINATION REPORT)**

Nombre del Alumno _____ Fecha de Nacimiento _____ Sexo _____
 Padre/Madre o Guardián _____ Numero de Teléfono _____
 Dirección _____
 Ciudad _____ Condado _____
 Escuela/Kindergarten _____ Fecha de Ingreso _____

To be completed by the examining doctor

The State of Wisconsin encourages parents of Kindergartners to arrange for their child's eyes to be examined by an optometrist or evaluated by a physician by December 31 of the child's first year in school. An examination or evaluation should include, at a minimum, the elements listed below. (By checking the box, the examining doctor is indicating that the element checked was performed.)

- Brief history (general health and eye health) of the child, including family history
- General external observation of the child's eyes and surrounding structures
- Ophthalmoscopic examination through an undilated pupil
- Gross measurement of peripheral vision
- Evaluation of eye coordination and function (alignment and motility)
- Visual acuity for each eye (separately)

Findings:

As a result of this examination, follow-up care for the child is recommended: Yes No

AVISO IMPORTANTE A LOS PADRES DE FAMILIA

Este examen no es requerido por ley. La información anotada abajo es necesaria para cumplir con los requisitos establecidos en la sección 118.135 de los estatutos del Estado de Wisconsin.

El proporcionar esta información es voluntario y no hay ninguna sanción si usted no la proporciona. Le sugerimos que entregue una copia de esta forma a la escuela y que usted se quede con otra copia.

Consentimiento de padre/madre o guardián:

Estoy de acuerdo en proporcionar la información sobre mi hijo/a a las autoridades apropiadas de la escuela y estoy de acuerdo que mi hijo/a reciba el examen de los ojos.

Firma _____

Fecha _____

Date of examination:

Doctor/Physician Signature:

Print or stamp:
 Doctor/Physician Name
 Address
 Phone

This form can be returned to OASD in one of the following ways:

- Returning to your school
- Faxing to: 262-560-2106
- Emailing to: oconhealthservices@oasd.org
- Mailing to:
 OASD Health Services
 641 E Forest Street
 Oconomowoc, WI 53066