



Public Health
Prevent. Promote. Protect.

Board of Health Sidney-Shelby County

202 W. Poplar Street, Sidney, OH 45365

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Health Commissioner

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Vision Referral Letter

Dear Parent / Guardian

Your child's vision screening given in school indicates that a complete vision examination would be recommended. We are suggesting that you take your child to a vision specialist for a thorough vision examination. Please give this form to your vision specialist to complete and return it to the Health Department. Thank you for your cooperation.

Ohio Department of Health * Pediatric Services Unit * Eye Specialist Report

Child's Name:		Date of Referral:	
School:	___Preschool ___Kdg. ___1 st ___3 rd ___5 th ___7 th ___9 th ___Other		
Reason for Referral (Test failed or type of symptom):			
Current correction: ___Glasses / Contacts ___Not wearing / not at school ___Broken / Lost ___N/A			
School Screening:	Visual Acuity	R_____	L_____
	Alternate Cover	Pass_____	Fail_____
	Random Dot E	Pass_____	Fail_____
	Color Perception	Pass_____	Fail_____
	Observation	_____	

Eye Specialist

Visual Acuity	
With Old Glasses	R_____ L_____
With New Glasses	R_____ L_____
Without Glasses	R_____ L_____
Recommendation	
Recommendation for Teacher	
Additional Treatment Necessary? Yes <input type="checkbox"/> No <input type="checkbox"/>	I wish to see the child again No <input type="checkbox"/> Yes <input type="checkbox"/> When_____
Comments:	

Return Form To:

Sidney-Shelby County Health Department	Specialist	Date
202 W. Poplar	Address	
Sidney, OH 45365		
RN	Date	