

Tuscaloosa County School System  
School Health Services  
P. O. Box 2568  
Tuscaloosa, AL 35403-2568

Date: \_\_\_\_\_ School: \_\_\_\_\_

Re: \_\_\_\_\_ (student)

Dear Parent(s):

Today your child's vision was screened at school. Our school routinely screens students for vision problems, which might interfere with learning. The vision test(s) conducted at school is a screening only and does not replace an examination by an eye care professional. A professional eye exam, by an ophthalmologist or optometrist, is recommended at least once in your child's school life, particularly in the early primary grades. Due to normal growth, your child's eyes and vision may change at any period in development. If your child has already been diagnosed with a vision problem, you should see your eye care professional at least annually to re-check the condition.

*In the school screening, your child seemed to have difficulty with the following visual function(s):*

\_\_\_\_\_ Distance vision (how well your child's eyes can see objects far away)

\_\_\_\_\_ Near vision (how well your child's eyes can see objects up close)

The screening results indicate that your child needs to be examined by an eye care professional. Please have your child's doctor complete the attached report form and return it to the school nurse for our records.

If you currently have no healthcare insurance, or your insurance does not cover vision problems, your child may qualify for financial assistance depending on your family income. I have a list of resources that will assist you and your child should you qualify. In most cases, the referral must come from the school nurse. I can be reached at \_\_\_\_\_.

Sincerely,

School Nurse

**Tuscaloosa County Schools  
Health Services**

*Vision Screening Report*

Student: \_\_\_\_\_ School: \_\_\_\_\_

Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_ DOB: \_\_\_\_\_

Date of vision screen: \_\_\_\_\_

\_\_\_\_\_ The above named student failed his/her far-vision screening at school.

\_\_\_\_\_ The above named student failed his/her near-vision screening at school.

\_\_\_\_\_ The above named student's teacher reports having observed signs/symptoms of visual difficulty in the classroom.

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**Physician's Report:**

The above named student was seen in my office for a vision evaluation on (date) \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_, and the following condition(s) were found: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

My recommendations are: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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Signature of Examiner

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Date

Tuscaloosa County Schools  
Health Services  
Vision *Referral* Summary

School: \_\_\_\_\_ Date: \_\_\_\_\_

Student's Name	Grade	Teacher	Left Eye	Right Eye	Both Eyes	√Letter Sent	Follow-up Notes
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