



## Kindergarten Vision Examination

### Vision Report for Voyage Academy Charter School

(To be filled out by child's physician prior to enrollment into kindergarten.)

**Student's Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Student's DOB:** \_\_\_\_\_

To the physician: Please use this form in reporting the medical examination requested. The vision screening requirement is a state mandate. This form will be reviewed and used by the school for reporting purposes to the Utah State Office of Education (USOE).

#### Vision Exam:

**Vision Right:** \_\_\_\_\_ **Vision Left:** \_\_\_\_\_ **Vision Both:** \_\_\_\_\_

**Does this child wear? Glasses:** \_\_\_\_\_ **Hearing Aid:** \_\_\_\_\_

**Physician's Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_  
(Print or Stamp)

Name:

Address: