



# Iowa Department of Public Health

## CERTIFICATE OF VISION SCREENING

Pursuant with Iowa Code Chapter 641.52

**RETURN COMPLETED FORM TO CHILD'S SCHOOL.**

### Student Information (please print)

Student Last Name:	Student First Name:	Birth Date (M/D/YYYY):
Parent/Guardian Telephone Number:	Student Address:	
Zip Code:		

**Screening Information** vision testing requirements can be accomplished either through a screening (see below) or with a comprehensive eye exam (see other side). Screening provider must complete this section *or parents may attach a copy of vision screening results given to them by a provider.*

<b>Date of Vision Screening:</b> _____ <b>Result: (Please check):</b> <input type="checkbox"/> Pass or <input type="checkbox"/> Fail <b>Testing method: (Please check)</b> <input type="checkbox"/> Vision Screening <input type="checkbox"/> Photo Screen <input type="checkbox"/> Other: _____ <b>Visual Acuity: (if available)</b> <input type="checkbox"/> With Correction <input type="checkbox"/> Without Correction Right Eye _____ Left Eye _____ <b>Referral to eye health professional: (Please check)</b> <input type="checkbox"/> Yes or <input type="checkbox"/> No
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Business Name/Source of Screening: (please print name of provider office or if provided by school nurse, name of school)

Provider Name: (please print) \_\_\_\_\_ Phone: \_\_\_\_\_

Signature and Credentials of Provider: \_\_\_\_\_ Date: \_\_\_\_\_

A parent or guardian of a child who is to be enrolled in a public or accredited nonpublic elementary school shall ensure the child is screened for vision impairment at least once before enrollment in Kindergarten **and** again before enrollment in the 3<sup>rd</sup> grade.

To be valid, a minimum of one child vision screening shall be performed no earlier than one year prior to the date of enrollment in Kindergarten and 3<sup>rd</sup> grade and no later than six months after the date of the child's enrollment in Kindergarten and 3<sup>rd</sup> grade.

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