

SCHOOL DISTRICT OF HARTFORD JOINT NO. 1

DEDICATED TO THE SUCCESS OF EACH STUDENT

CITY OF HARTFORD, TOWNS ADDISON, ERIN, HARTFORD – WASHINGTON COUNTY • TOWNS OF ASHIPUN, RUBICON – DODGE COUNTY
HARTFORD, WISCONSIN 53027

State of Wisconsin
Department of Regulation and Licensing
KINDERGARTEN EYE HEALTH EXAMINATION REPORT

Child's Name _____ DOB _____ M F

Name of Parent: _____

Address: _____ Phone: _____

The State of Wisconsin encourages parents of Kindergarteners to arrange for their child's eyes to be **examined by an optometrist or evaluated by a physician** by the child's first day 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 mobility)
- Visual acuity for each eye (separately) **Right:** 20/____ **Left:** 20/____

Findings:

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

Date of Examination: _____

(Doctor/Physician Signature)

Print or stamp:

Doctor/Physician Name:

Address:

Phone:

Return to: Hartford Jt. #1 School District
Pupil Services Department
402 W Sumner St
Hartford WI 53027

Rev. 12-2018

IMPORTANT NOTICE TO PARENTS

This examination is not required by law.

Disclosure of the information noted above is necessary to comply with the statutory purpose as outlined in s. 118.135, Wis. Stats.

Disclosure of this information is voluntary and there is no penalty for non-compliance. You are encouraged to provide a copy of this form to the school and keep a copy for your record,

Consent of parent or guardian: I agree to release the above information on my child to appropriate school authorities and consent to my child obtaining an eye examination.

Signature: _____

Date: _____

CENTRAL MIDDLE SCHOOL
1100 Cedar Street
Hartford, WI 53027
Phone: 262-673-8040
FAX: 262-673-7596

LINCOLN SCHOOL
755 S. Rural Street
Hartford, WI 53027
Phone: 262-673-2100
FAX: 262-673-0148

ROSSMAN SCHOOL
600 Highland Avenue
Hartford, WI 53027
Phone: 262-673-3300
FAX: 262-673-3543

DISTRICT OFFICE
402 W. Sumner Street, Hartford, WI 53027
District Administrator 262-673-3155 FAX: 262-673-3548
Business Manager 262-673-9033 FAX: 262-673-3548
Pupil Services Dir. 262-673-8042 FAX: 262-673-8045