

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

Student's Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Sex \_\_\_\_\_

Parent or Guardian \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ County \_\_\_\_\_

School/Kindergarten \_\_\_\_\_ City \_\_\_\_\_

Date Entering Kindergarten \_\_\_\_\_

The State of Wisconsin encourages parents of Kindergartners to arrange for their child's eyes to be examined by an optometrist or evaluated by a physician by December 31 of the child's first year 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 motility)
- Visual acuity for each eye (separately)

Date of examination: \_\_\_\_\_

Doctor/Physician Signature

\_\_\_\_\_

Print or stamp: Doctor/Physician Name  
Address  
Phone