Iowa Department of Public Health CERTIFICATE OF VISION SCREENING

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 A	ddress:
Zip Code:		

<u>Screening Information</u> (vision screening provider must complete this section or parents may attach a copy of vision screening results given to them by a provider.)

Date of Vision Screening:		
Results (visual acuity):		
Right Eye Left Eye		
Overall Result (Please select one):	Referral to eye health professional (Please select one):	
Pass or Fail	Yes or No	
Screening Provider:		
Provider Business Name/Source of Screening: (please print)		

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 3rd 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 no later than six months after the date of the child's enrollment in Kindergarten.

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 3rd grade and no later than six months after the date of the child's enrollment in 3rd grade.

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