



SCHOOL HEALTH SERVICES
School Vision Screening Referral Follow-Up

Date: _____ **School:** _____

To: Parent(s)/Guardian(s) of _____

Earlier in the school year a vision referral letter was sent home with an attached Eye Care Specialist Report form. At that time, due to the results from our school screening, it's recommended that your child have a comprehensive eye examination. I have not received any information regarding this referral. Please check the appropriate statement listed below so I can record this information in your child's health file.

- The School Vision Screening referral letter and Eye Care Specialist Report has been lost. Please send another one.
- No appointment was made and we do not plan to follow up at this time.
- Please send information on possible financial assistance for eye examinations and/or glasses.
- An appointment is scheduled on _____ (date). The Eye Care Specialist Report will be sent to the school upon completion.
- The examination was completed. I have notified _____ (name of eye care specialist) and requested they send the Eye Care Specialist Report to the school.
- Other _____

If you have any questions or need assistance in scheduling an appointment, please feel free to contact me.

School Health Clinic staff

Phone number

This area for office use only:

Received by: _____ Date: _____