

Student Vision Cards

The Iowa Optometric Association recently mailed a packet of Student Vision Cards to each school with kindergarteners and is asking for the Cards to be placed in kindergarten information packets. Experts estimate that 80% of learning is obtained through vision. Schools will benefit from the use of this card as more children entering school are visually prepared to learn. The most significant vision abnormalities develop before or around the time of entry into school. The Student Vision Cards encourage parents to take their child to an eye doctor as part of their back-to-school preparations.

The following organizations join the IOA in recommending the use of Student Vision Cards in Iowa's public and private schools:

- Iowa Department of Education
- Iowa Department of Public Health
- Iowa PTA
- Prevent Blindness Iowa
- Iowa Academy of Ophthalmology

A copy of the Student Vision Card is below.






STUDENT VISION CARD

Student Name _____ Date _____

School _____ Town _____ Grade _____

TO THE PARENT OR GUARDIAN: To fully assess the health of your child's visual system and prevent future learning problems associated with undetected vision problems, regular professional eye exams are essential. Experts estimate that 80% of learning is obtained through vision. Good vision directly contributes to a child's ability to learn while in school. As a part of your back-to-school preparations, it is recommended that you take your child and this card to your family eye doctor for a complete eye health examination. **This card should be signed by the eye care professional and returned to the school nurse or teacher by your child.**

The following organizations recommend the use of the Student Vision Card

To order more cards call 1-800-444-1772 • www.iowaoptometry.org

Visual Acuity	At Distance	At Near
<input type="checkbox"/> Without correction	R20/ L20/	R20/ L20/
<input type="checkbox"/> With present correction	R20/ L20/	R20/ L20/
<input type="checkbox"/> With new correction	R20/ L20/	R20/ L20/

External Eye Health	Internal Eye Health
<input type="checkbox"/> Normal <input type="checkbox"/> Other	<input type="checkbox"/> Normal <input type="checkbox"/> Other

Vision Analysis

<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">R</td> <td style="width: 50%;">L</td> </tr> <tr> <td><input type="checkbox"/> Normal eyesight</td> <td><input type="checkbox"/> Eye teaming difficulty</td> </tr> <tr> <td><input type="checkbox"/> Nearsighted (myopia)</td> <td><input type="checkbox"/> Crossed-eyes (strabismus)</td> </tr> <tr> <td><input type="checkbox"/> Farsighted (hyperopia)</td> <td><input type="checkbox"/> Eye focusing difficulty</td> </tr> <tr> <td><input type="checkbox"/> Astigmatism</td> <td><input type="checkbox"/> Sensitivity to light</td> </tr> <tr> <td><input type="checkbox"/> Amblyopia</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Other _____</td> <td></td> </tr> </table>	R	L	<input type="checkbox"/> Normal eyesight	<input type="checkbox"/> Eye teaming difficulty	<input type="checkbox"/> Nearsighted (myopia)	<input type="checkbox"/> Crossed-eyes (strabismus)	<input type="checkbox"/> Farsighted (hyperopia)	<input type="checkbox"/> Eye focusing difficulty	<input type="checkbox"/> Astigmatism	<input type="checkbox"/> Sensitivity to light	<input type="checkbox"/> Amblyopia		<input type="checkbox"/> Other _____		<p>Vision Correction Recommendations</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td><input type="checkbox"/> No correction necessary</td> <td colspan="2">To be worn for:</td> </tr> <tr> <td><input type="checkbox"/> No change in present prescription</td> <td><input type="checkbox"/> Constant wear</td> <td><input type="checkbox"/> Near vision only</td> </tr> <tr> <td><input type="checkbox"/> New prescription needed</td> <td><input type="checkbox"/> Distance vision only</td> <td><input type="checkbox"/> As needed</td> </tr> </table>	<input type="checkbox"/> No correction necessary	To be worn for:		<input type="checkbox"/> No change in present prescription	<input type="checkbox"/> Constant wear	<input type="checkbox"/> Near vision only	<input type="checkbox"/> New prescription needed	<input type="checkbox"/> Distance vision only	<input type="checkbox"/> As needed
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TO THE EYE CARE PROFESSIONAL: Please sign and date this card after examination.

Dr. Name: (Please Print) _____

Date _____ Signature _____

If you have any questions or need additional Student Vision Cards, please contact Jill Gonder at the Iowa Optometric Association at (515) 222-5679 or jrgonder@msn.com.