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HUNTINGTON COUNTY COMMUNITY SCHOOL CORPORATION DOCTOR'S VISION REPORT

Date of Exam: _____

Child's Name: _____

Date of Birth: _____

Address: _____

City

State

Zip

V.A. uncorrected O.D. _____ O.S. _____

O.U.

Of significant

Corrected O.D. _____ O.S. _____

Defect: Myopia _____ Hyperopia _____ Astigmatism _____

Binocular Corr. _____ Tropias _____ Phorias _____
(Muscle)

Convergence _____ Suppression _____

Stereopsis _____ Color Vision _____

Treatment: Glasses _____ (How to be worn) V.T. _____ Orthoptics _____

Medical _____ Surgical _____

No RX at present _____ Not necessary _____

Further treatment recommended: Visual _____ Medical _____ V.T. _____

Return in _____ Weeks _____ Months _____ Years _____

Comments: _____

Signed: _____

Degree: _____



Huntington County Community School Corporation



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