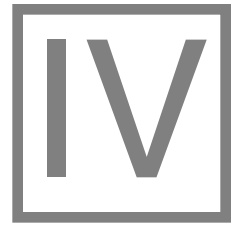


WYCKOFF PUBLIC SCHOOLS
WYCKOFF, NEW JERSEY



Dear Parents/ Guardians:

Good vision is essential to success in school. Therefore, the Board of Education requests that all preschool children have an eye examination before entering school in the fall.

Upon completion of the eye examination by your primary care provider or eye specialist, please have the examiner indicate his/her findings and recommendations on the form below. Please return the form to the school nurse at your earliest convenience.

Richard Kuder
Superintendent

I have given _____
(First Name) (Last Name)

a complete eye examination with the following diagnosis and recommendations:

	Distance	Near	Distance	Near
Vision Without Correction	O.D. _____	_____	O.S. _____	_____

Vision With Correction	O.D. _____	_____	O.S. _____	_____
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Muscle Balance Color Test _____

Fusion-Depth Dominant Eye _____

Eye Disease or Defects _____

Recommendations _____

Signature _____ Date: _____