



Iowa Department of Public Health
CERTIFICATE OF VISION SCREENING

Pursuant with Iowa Code Chapter 641.52
RETURN COMPLETED FORM TO CHILD'S SCHOOL.

Student Information (please print)

Form with fields for Student Last Name, Student First Name, Birth Date, Parent/Guardian Telephone Number, Student Address, and Zip Code.

Screening Information vision testing requirements can be accomplished either through a screening (see below) or with a comprehensive eye exam (see other side). Screening provider must complete this section or parents may attach a copy of vision screening results given to them by a provider.

Form with fields for Date of Vision Screening, Result (Pass/Fail), Testing method (Vision Screening/Photo Screen/Other), Visual Acuity (With/Without Correction), Right Eye/Left Eye, and Referral to eye health professional (Yes/No).

Business Name/Source of Screening: (please print name of provider office or if provided by school nurse, name of school)

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

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