Certificate of Vision Screening

As required by UCA 53G-9-404 (2019) a student who is less than nine years old and entering school for the first time in Utah is required to submit this certificate showing vision screening (or complete eye exam) done within the last year.

Vision screening is not a complete eye exam and may not detect other eye disorders. Students unable to pass the vision screening should receive a complete eye exam.

Student name:	DOB:	School Year:
School:	Grade:	Teacher:

A. Parent to Complete

☐ As parent or guardian of the above named student, I have taken my student for a vision screening as required by law. Provider must complete section B or C as appropriate.

☐ As parent or guardian to the above named student, I opt not to have my student's vision screened **before** attending public school, as allowed by law.

Parent Name:	
Parent Signature:	Date:

B. Vision Screening

☐ This student has had an vision screening done by a *healthcare professional* defined as an optometrist (OD), advanced practice registered nurse (APRN), medical doctor (MD), doctor of osteopathy (DO), or physician assistant (PA). This vision screening included the following:

☐ Distance vision screening ☐ Near vision screening ☐ Ocular motilities
☐ Color deficiency ☐ Convergence ☐ Other (specify):_____

This student ☐ **was** / ☐ **was not** able to pass the vision screening.

This student ☐ **was** / ☐ **was not** referred to an eye care professional for a complete eye exam.

Provider Name:	Type of Provider: ☐ OD ☐ MD ☐ DO ☐ APRN ☐ PA
Provider Signature:	Date:

C. Complete Eye Exam

☐ This student has had a complete eye exam by an *eye care professional* done within 1 year of entry into Utah public school.

Provider Name:	☐ Ophthalmologist ☐ Optometrist	Date of exam:
Provider Signature:	Date:	

A screening is not a substitute for a complete eye exam and vision evaluation by an eye doctor.