



GLENWOOD ACADEMY 500 W. 187th Street, Glenwood, IL 60425

EYE EXAMINATION FORM

_____ was seen in my office on _____
(Child's Name) (Date)

for an eye examination.

Diagnosis: _____

Are glasses indicated? _____

Is vision training indicated? _____

Wearing instructions for glasses: _____

Doctor's signature _____ Date _____

Doctor's name _____
(please print)

Address _____

Phone number _____