



New Mexico School Vision Referral



Student Name: _____

DOB: _____

Referral Date _____

Dear Parent/Guardian:

The results of the vision screening completed at school indicate that your child would benefit from a professional vision exam. **If finances are a concern and you do NOT have insurance, please call the school nurse. Financial assistance may be available through various agencies.**

Please take **this letter and the attached screening results form** to an eye specialist. This information will provide the eye care specialist with important information. The specialist should complete the bottom two boxes of the form. Return the completed form to the school nurse.

- Your child was NOT wearing glasses for this screening.
- Your child reported his/her glasses are lost/broken.
- We were unable to screen your child. If you have any recent vision screening results, please provide a copy to the school health office.
- This is the second referral letter you have been sent on these results.
- Other _____

If your child is currently under the care of an eye care specialist, please let your school nurse know by completing the box below and returning this form to the school health office.

**** Waiver of Referral ****

My child is being seen by eye care specialist, _____ (provider's name), for the following problem(s): _____

Parent/Guardian Signature

Date

If you have any questions concerning this referral, please do not hesitate to contact the school nurse, _____, at _____.

Thank you,
School Nurse