ALCOTT SCHOOL

Vision Form
2021-2022 School Year

Vision Form

To be completed for all children 3 years of age and older

Name of Child: _____

Date of Birth: _____

			Check if:	
			Untestable	Referral Recommended
Vision- without glasses	R	L		
Vision- with glasses	R	L		
Vision- near point	R	L		
Color Vision	P	F		

Physician's Signature: _____

Date: _____

Revised 04/2021

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Scarsdale, New York 10583
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