

**SPECIAL EDUCATION DEPARTMENT  
Wenatchee School District  
112 South Elliott  
Wenatchee, WA 98801  
(509) 663-7117**

**NURSE VISION SCREENING**

Student: \_\_\_\_\_ BD./Age: \_\_\_\_\_

School: \_\_\_\_\_ Teacher/Grade: \_\_\_\_\_

Date assessment period ends: \_\_\_\_\_

General Health: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Vision: \_\_\_\_\_ Date Tested: \_\_\_\_\_

Musculo/skeletal: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Educationally significant medical problems: (seizures, diabetes, asthma, heart condition, etc.)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of medication, if any: \_\_\_\_\_

Is medication given at school? \_\_\_\_\_

Nurse: \_\_\_\_\_  
Date: \_\_\_\_\_  
Vision Screening: \_\_\_\_\_