CONFIDENTIAL **VISION CERTIFICATION** 



## **Molalla River School District**

PO Box 188 / 412 S. Sweigle Ave Molalla, OR 97038

| Phone: 503-829-2359 | Fax: 503 829-8428

## **VISION CERTIFICATION**

Students ages 3-7

Dear Parents and Guardians:

Vision requirements from the State of Oregon (OAR 581-021-0031) state that each school district must require a student who is age seven or younger and entering a school for the first tome to submit a certification that the student received a vision screening or eye examination and any further eye exams and necessary treatments.

## Please have this form completed by your health care provider:

Student Name:			DOB:	
Date of vision scre	eening or eye exam:			
Results of vision s	creening or eye exam:			
Referral made to vision specialist for further eye exams or necessary treatments?				
Health care professional who conducted the vision screening or eye exam:				
This form may be fa	exed to your child's school:			
	☐ Clarkes Elementary School☐ Molalla Elementary School	Ph (503) 632-2390 Ph (503) 829-4333	Fx (503) 632-5212 Fx (503) 829-2614	
	Mulino Elementary School	Ph (503) 829-6888	Fx (503) 829-2037	
	Rural Dell Elementary School	Ph (503) 651-2128	Fx (503) 655-2127	

If this vision screen is contrary to your religious beliefs or if you have barriers or questions related to finances or access in obtaining a vision screening, please contact your district nurse at (503) 759-7394.

05/2016 STUDENT RECORD