

NSCC Surgical Technology Program Eye Examination

Date of Exam: _____

North Shore Community College Surgical Technology program requires proof of an eye examination including color discrimination test by an Ophthalmologist or Optometrist.

Student Name: _____ Birth Date: _____
(Last) (First) (Middle Initial) (Mo.) (Day) (Yr.)

Address: _____ Phone: _____
(Number) (Street) (City) (Zip Code)

Following To Be Completed By Examining Doctor

Patient History:

Ocular History: Normal or Positive for: _____
 Medical History: Normal or Positive for: _____
 Drug Allergies: None or Allergic to: _____
 Other Information: _____

Examination:

	Distance			Near
	Right	Left	Both	Both
Unaided Visual Acuity	20 /	20 /	20 /	20 /
Best Corrected Visual Acuity	20 /	20 /	20 /	20 /

Was refraction performed with cycloplegic agents? Yes No

	Normal	Abnormal	Not Able to Assess	Comments
External Exam (eye and adnexa)				
Internal Exam (media, lens, fundus, etc.)				
Neurological Integrity (pupils)				
Binocular Function (stereopsis)				
Accommodation and Vergence				
Color Vision				
IOP (glaucoma)				
Oculomotor Assessment				
Color Discrimination Testing				
Other: _____				

Diagnosis:

Normal Myopia Hyperopia Astigmatism Strabismus Amblyopia

Other: _____

Recommendations:

Corrective Lenses: No Yes, glasses should be worn for: Constant Wear Near Vision Far Vision

Signature: _____
Optometrist/ Ophthalmologist

Print Name: _____
Optometrist/ Ophthalmologist

Address: _____

Phone: _____