

Bernards Township Board of Education

VISION EXAM RESULTS REPORT

Student Name: _____

Date of Exam: _____

Visual Acuity:

	<u>Without Correction</u>	<u>With Correction</u>
Left Eye:	20/_____	20/_____
Right Eye:	20/_____	20/_____

Comments:

Provider Name: _____

Provider Signature: _____

Please provide Office Stamp: