



Vision Referral Follow-Up

Health Services
Mat-Su Borough School District
501 N. Gulkana
Palmer, AK 99645
P: (907) 746-9200

Date: _____

Vision referral follow-up for:

DOB: _____ NAME: _____

Dear Parent/Guardian,

Earlier in the school year you were sent a vision referral form for your child. It was recommended that he/she have a vision exam for a possible vision problem. We have not received any information about the referral. Please check the appropriate statement listed below and return to your school nurse so we may record this information on your child’s health record.

- No appointment was made.
- Appointment has been made and results of the vision exam will be sent to the school.
- Examination done and glasses are not needed.
- Examination done and glasses ordered.
- Examination done and only preferential seating in class advised.
- Unable to make an appointment due to no health coverage and/ or unable to afford an exam at this time.

*If you have any questions regarding this follow-up, please feel free to contact me.

Phone Number

School Nurse Signature