



This form and the information on this form will be maintained on file in the school attended by the student named herein and is confidential and not a public record.  
(Approved by North Carolina Department of Public Instruction and Department of Health and Human Services)

:

(Last)

(First)

(Middle)

Home:

Work:

Cell Phone:

Passed vision screening:  Yes  No  
Concerns related to student's vision:

