



**LEADS Head Start/Early Head Start
Eye Care Physician/Professional's Report**

Child's Name: Bentley Knox Birth Date: 4/17/2014
 Parent/Guardian: Tiffany Marcare Center: Buckeye Lake
Bernard (Gene) Knox
Eye Examination Results

Child Referred to: _____

OR

Diagnosis:

- ☐ Amblyopia
- ☐ Muscle Imbalance
- ☒ Refractive Error
- ☐ Myopia
- ☒ Hyperopia
- ☒ Astigmatism
- ☐ Other (specify) _____
- ☐ No Problem Found

Treatment:

- ☒ Glasses Prescribed
- ☐ Other (specify) _____
- ☐ No Treatment Needed

Comments: New f Exam 10/2018

Treatment:

- ☐ Complete
- ☐ Not complete and needs further treatment/follow-up

Eye Care Professional's Signature: [Signature]

Eye Care Professional's Printed Name: MAE CENEVA, D

Address: 911 Hebron Rd

City: Heath **Zip Code:** 43056

Telephone #: 740.522.2553 **Date of Exam:** 10.18.17

*Welch Allyn Sure Sight Vision Screener was used for HS children and a Vision-Screening Checklist was used for EHS children, by LEADS to conduct screening.

03/2018

RECEIVED
8/30/18