NSCC Surgical Technology Program
Eye Examination

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)

To Be Completed By Examining Doctor

Patient History: **Date of Exam**: ____________

Ocular History: ☐ Normal or Positive for: ____________
Medical History: ☐ Normal __ or Positive for: ____________
Drug Allergies: ☐ None __ or Allergic to: ____________
Other Information: ____________

Examination

Refraction:

	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: ____________

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Phone: ____________