Harvest Baptist Academy

224 Harvest Lane, Natrona Heights, PA 15065
724-295-0607

VISION EXAMINATION FORM

(for 20__-20__ School Year)

Student Name: _____ Grade: _____
Last First Middle

Address: _____
Street Address City State ZIP

Date of Birth: _____ Please Circle: Male / Female

The above named child last visited my office on _____.
(date)

At that time, his/her vision was checked, and appropriate measures were taken to correct the vision if needed. Yes _____ No _____

NOTES:

Doctor's Name: _____ Date: _____

Signature: _____

Address: _____
Street Address City State ZIP