

EYE EXAMINATION
Dr. Joe Vargas – Optometrist
789 S Dora Ukiah, CA 95482
707-462-8363

STUDENT COMPLETES THIS SECTION			
NAME JOSE ADRIAN MARTINEZ		SOCIAL SECURITY NUMBER	
ADDRESS 355 LESLIE ST APT 2		CITY UKIAH	STATE CA
BIRTH DATE 04/07/1988		HOME TELEPHONE NO. 707-972-5984	ZIP 95482
WORK TELEPHONE NO.			
OPTOMETRISTS COMPLETES THIS SECTION			
Check each item in appropriate box to show "Qualified" or "Not Qualified." See instructions for condition or defects that must be noted. Explain any special findings or test results NOT in an acceptable tolerance range. Use additional sheets, if needed.			
ID Confirmed <input type="checkbox"/> YES <input type="checkbox"/> No		Name	
		Date of Exam	
ALL BOXES MUST BE COMPLETED		QUALIFIED	NOT QUALIFIED
		EXPLANATION IF NECESSARY	
Visual Acuity: Must be at least 20/40 in each eye with/without corrective lenses			
UNCORRECTED		CORRECTED	
Both 20/____		20/____	
Left 20/____		20/____	
Right 20/____		20/____	
CONTACTS?			
<input type="checkbox"/> YES <input type="checkbox"/> NO			
Are the lenses well adapted and tolerated?			
<input type="checkbox"/> YES <input type="checkbox"/> NO			
Peripheral Vision: Left:		Right:	
Express in degrees. (Must be at least 70°)			
Pupillary Reflex. Light Check both Eyes.			
Eyes. Note any evidence of disease or injury.			
Pupillary Distance: _____			
STUDENT'S IDENTITY VERIFIED BY:			
<input type="checkbox"/> Photo ID (Specify ID used):			
SIGNATURE OF AUTHORIZED MEDICAL EXAMINER X		DATE OF EXAM	LICENSE OR CERTIFICATE NO./ISSUING STATE
NAME (PRINT)		PLACE DOCTORS'S OFFICE STAMP IN THIS SPACE	
TITLE <input type="checkbox"/> Physician (<input type="checkbox"/> M.D. <input type="checkbox"/> D.O.) <input type="checkbox"/> Optometrists		TELEPHONE NO.	
ADDRESS		CITY	STATE
			ZIP
This section to be filled out and signed by a HEP/CAMP representative.			
Students Name JOSE ADRIAN MARTINEZ		Date of referral 10/29/2008	Purchase Order #
(Purpose of referral) <input checked="" type="checkbox"/> Vision Exam			
HEP/CAMP Staff Person MINERVA FLORES		Date 10/29/2008	Signature

Mendocino Community College
High School Equivalency Program
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