

Date: _____

Dear Parent/Guardian:

Enclosed is the **second notification** of your child's vision report from the Carroll County Health Department. This form means your child requires further vision evaluation. After your child has been evaluated, please have the person completing the exam fill in the required information on the form. Return the form to the Health Room at _____ school, **not the Carroll County Health Department**

If your child has already been evaluated, please have the examiner complete the Vision Screening Report form. If the form is not returned, you will be contacted by the Carroll County Health Department.

Vision plays an important part in the educational process. If you have financial or other concerns regarding medical care for your child, please contact me at _____.

Sincerely,

School Nurse