



Health Services Department
SCREENING FOR COLOR VISION

School: _____

Date: _____

To the Parents/Guardian of: _____

We have completed our color vision screening for the current school year. Your child was tested for green and red vision perception and was found to exhibit signs of a certain degree of color weakness. The process that we used (Ishihara Design-plates) is merely a tool to screen students.

Color vision serves a very important role to all of us and a child is best served if this condition is addressed at an early age. Your child's pediatrician or an optometrist/ophthalmologist can perform a more comprehensive evaluation of your child's color vision perception.

I _____, RN, performed the color vision screening. If you have any questions regarding the screening, please contact me. I can be reached at

_____.