NSCC Surgical Technology Program
Eye Examination

Date of Exam: _____

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)

Following To Be Completed By Examining Doctor

Patient History:

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