

Optical/dental information

Cushing Academy Admissions Office tel: (978) 827-7300
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Please have this form completed only if your son/daughter presently wears glasses/contact lenses and/or is receiving orthodontic treatment.

Student's Name: _____
FIRST MIDDLE LAST

It is strongly recommended that each student has a thorough eye exam before coming to school and that a copy of any lens prescription be recorded below as many students wearing glasses are inconvenienced when their glasses are broken or lost. If contact lenses are worn, the student should also have a pair of regular glasses for use in emergencies.

Students required to wear glasses for sports must have glasses, which comply with safety standards. Students playing racquet sports are advised to use eye protectors. Your specialists will be able to advise you about this important protection for your eyes.

Fragments of broken metallic frames or shattered lenses can cause serious eye injuries. If students report for contact sports with glasses that do not meet safety standards, they will not be allowed to participate. (Ophthalmologist refer to safety standard ANSIZ 87.1)

Visual Examination

Date of last Visual Exam: _____

Vision OD (Without corrective lens) 20/_____
 (With corrective lens) 20/_____
Vision OS (Without corrective lens) 20/_____
 (With corrective lens) 20/_____

Color Vision

Test Used: _____

Results: _____

Prescription for glasses: _____

Prescription for contact lens: _____

Remarks: _____

Optician's Name: _____
FIRST MIDDLE LAST TITLE

Address: _____
STREET

CITY STATE ZIP CODE COUNTRY

Physician's signature: _____ Phone: _____

Orthodontist/Dentist

Will appointments be necessary while student is at school? Yes No

If so, have you chosen a local Orthodontist/Dentist? Yes No If yes, Doctor's Name: _____

Please attach the current orthodontic plan. Doctor's Phone: _____