

University of South Florida

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Information below is to be completed by the Provider.

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- 1. Diagnosis: Please list all diagnoses and supporting numerical assessments of vision.

\_\_\_\_\_
\_\_\_\_\_

Visual Acuity with correction: \_\_\_\_\_

Visual Acuity without correction: \_\_\_\_\_

- a. Date diagnosed: \_\_\_\_\_
b. Date of your last clinical contact with student: \_\_\_\_\_

2. Evaluation

- a. How did you arrive at this diagnosis? Please check all relevant items below, adding brief notes that you think might be helpful to us as we determine eligibility for accommodations.

Medical Evaluation (CT, MRI, etc.).

Standard eye exam.

Specialized eye exam: Specify \_\_\_\_\_

Structured or unstructured interview with student.

Other (please specify). \_\_\_\_\_

- b. Evaluation Results:

\_\_\_\_\_
\_\_\_\_\_

- c. Present symptoms that meet criteria for diagnosis being noted:

\_\_\_\_\_
\_\_\_\_\_

