

HEALTH DIVISION

Leigh-Anne Stafford, Health Officer  
(248) 858-1280 | health@oakgov.com

December 28, 2023

Dear Eye Doctor:

This student did not pass the vision screening tests indicated below with an (X). Please complete the shaded area of this form and mail, fax or email it to the:

VISION OFFICE  
OAKLAND COUNTY HEALTH DIVISION  
27725 GREENFIELD  
SOUTHFIELD MI 48076-3625  
FAX: (248) 424-7089  
EMAIL: hearingvision@oakgov.com

Student: ROSHNA RAJALA  
School: SALEM/SOUTH LYON  
Grade: 3  
Date Screened: 12/20/2023  
Reason for Referral: Visual Acuity (Distance Vision) -- X  
Plus Lens (Close Vision) --  
Phoria (Muscle Balance) --  
Two Line Difference (Weak Eye) --  
Other:

RESULTS OF VISION EXAMINATION			
<b>Diagnosis:</b>	Myopia _____	Hyperopia _____	Astigmatism _____ Amblyopia _____
	Other _____		None _____
<b>Treatment Recommended:</b>	Glasses _____	Medical _____	Surgical _____ New Rx _____
	Special Seating _____	Other _____	None _____
<b>Follow-up Recommended:</b>	_____ weeks	_____ months	1 year
Doctor's Name (Please Print)	Philip Koutry		
Doctor's Address	22371 Pontiac Trail Southfield MI 48078		
Date of Exam	1/29/24		

Authority: Michigan Public Health Code, Act 368 of 1978  
Completion required to maintain necessary program records.  
VSN 4a Rev. 11/17