



Name of Student: _____ DOB _____

Name of School: _____ Sport: _____ Jersey # _____

Date Seen by Physician: _____

Physician's Name: (please print) _____

Physician's Signature: _____

Comments: _____

***For an exception to wear a tinted helmet visor, the coach must present this form to the head official prior to the start of the contest.**

One or more of the following conditions that may indicate a use for tinted helmet visors during the _____ season:

Eye and Systemic Conditions that may indicate Tinted Visors:

Inherited and/or congenital eye conditions that limit useful vision in daylight or bright-light environments including:

- Albinism
- Achromatopsia
- Aniridia
- Cone Dystrophy
- Cone-Rod Dystrophy
- Corneal dystrophies
- Iris coloboma

Acquired conditions that may increase light sensitivity including:

- Adies pupil
- Chronic recurrent uveitis (e.g. secondary to JRA)
- Traumatic mydriasis

Systemic Indications

- Light-induced migraine activity
- Light-induced seizure activity