

TRY-AGAIN HOMES INCORPORATED
CHILD'S INITIAL AND PERIODICAL OPTICAL EXAMINATIONS

THIS EXAMINATION IS REQUESTED BY TRY-AGAIN HOMES INCORPORATED TO DETERMINE THE HEALTH OF THE CHILD IN RESPECT TO PLACEMENT IN A FOSTER HOME.

CHILD'S NAME: _____

BIRTHDATE: _____

DATE OF EXAMINATION: _____

EYES - RIGHT: _____

LEFT: _____

RECOMMENDATIONS: _____

PHYSICIAN'S NAME AND ADDRESS: _____
(PLEASE PRINT)

(PHYSICIAN'S SIGNATURE/DATE)

NOTE TO PHYSICIAN: PLEASE SUBMIT THIS COMPLETED FORM DIRECTLY TO:

TRY-AGAIN HOMES INCORPORATED
1800 LOCUST AVENUE
FAIRMONT, WV 26554