



Name of Student: \_\_\_\_\_ DOB \_\_\_\_\_

Name of School: \_\_\_\_\_ Sport: \_\_\_\_\_ Jersey # \_\_\_\_\_

Date Seen by Physician: \_\_\_\_\_

Physician's Name: (please print) \_\_\_\_\_

Physician's Signature: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

AHSAA approval\*: \_\_\_\_\_ Date: \_\_\_\_\_

**\*For an exception to wear a tinted helmet visor, the school must request permission from the AHSAA, and coach must present an approved form to the head official prior to the start of the contest. (Only completed and approved forms are valid.)**

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