



MEDICAL INFORMATION CARD

_____ has been diagnosed with Nystagmus. Nystagmus is a medical condition that causes this person's eyes to oscillate involuntarily. Do not assume that based on the eye movement that this individual has suffered some recent trauma or is under the influence of alcohol or other substance. Please note that this individual may have reduced vision and poor balance as a result of the Nystagmus.

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Signature: _____

Parent Name and Contact (if applicable): _____

Date of Nystagmus Diagnosis: _____

Primary Eye Care Provider: _____

Primary Eye Care Phone Number and Address: _____
